A Satyam Roychowdhury Initiative

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Exploring the Relationship between Repetitive Negative Thoughts, Emotion Regulation Strategies, and Fear of Intimacy among Young Adults Who Have Experienced a Romantic Breakup

This dissertation is submitted in partial fulfilment of the degree of

M.Sc. in Applied Psychology (Clinical Psychology Specialization)

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CERTIFICATE

This is to certify that the dissertation titled "Exploring the Relationship between Repetitive Negative Thoughts, Emotion Regulation Strategies, and Fear of Intimacy among Young Adults Who Have Experienced a Romantic Breakup", submitted by Shubholakshmi Sarcar, a second-year M.Sc. in Clinical Psychology student at Sister Nivedita University, is a bonafide work that may be placed before the board of examiners for evaluation. This dissertation is submitted in partial fulfillment of the requirements for the degree of M.Sc. in Applied Psychology at Sister Nivedita University.

This is an original study conducted by the candidate and has not been submitted by her in any form for any other degree at this University or any other institution.

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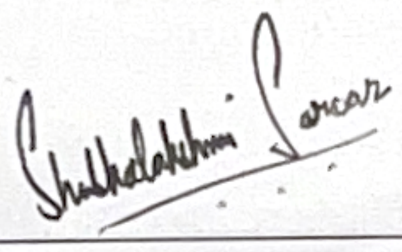
PLAGIARISM DECLARATION

I, Shubholakshmi Sarcar, hereby declare that the research work titled,

"Exploring the Relationship between Repetitive Negative Thoughts, Emotion Regulation Strategies, and Fear of Intimacy among Young Adults Who Have Experienced a Romantic Breakup", has been conducted and completed by me with full honesty and integrity.

I confirm that this work is original and that all sources of information have been duly acknowledged and properly cited.

Signature: 

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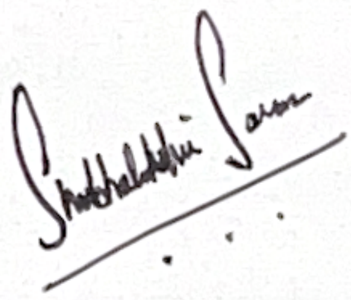

Abstract

This research investigates the interrelationship between three psychological constructs: Repetitive Negative Thoughts, Emotion Regulation strategies, and Fear of Intimacy, among Indian young adults who have previously experienced a romantic relationship breakup. The study focuses on individuals within the age group of 18 to 26 years, a critical developmental phase characterized by identity formation, emotional exploration, and the establishment of intimate social bonds. The study was conducted on a sample of young adults in India who had experienced romantic breakups. Three standardised psychological tools were used for data collection: the Repetitive Negative Thoughts Questionnaire, which evaluates patterns of cognitive disturbances such as worry, brooding, interference, and pessimistic fixation (Stout et al., 2022); the Emotion Regulation Questionnaire, which assesses the frequency of cognitive reappraisal and expressive suppression as emotion regulation strategies (Gross & John, 2003); and the Fear of Intimacy Scale, which measures discomfort and avoidance related to emotional closeness (Descutner & Thelen, 1991). The key findings suggest that among all sub-factors of repetitive negative thinking, interference—defined as the degree to which negative thoughts disrupt daily functioning—emerged as the strongest predictor of fear of intimacy. Moreover, the suppression dimension of emotion regulation, characterized by the inhibition of outward emotional expression, was also found to significantly predict fear of intimacy. Gender differences were noted, with males and females exhibiting differing patterns in the usage of suppression and reappraisal strategies, as well as in the intensity of worry. This study addresses a key gap by exploring these constructs within the Indian collectivist context, where emotional expression is shaped by cultural norms. Findings underscore the role of cognitive-emotional processes in intimacy and suggest the need for culturally sensitive interventions for Indian youth.

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1. Introduction

The transitional period of young adulthood, spanning from 18 to 26 years (Bonnie et al., 2015), is marked by significant psychological and emotional development. During this phase, individuals navigate complex life changes, including higher education, career development, and interpersonal relationships. Understanding the emotional and cognitive processes within this demographic is crucial for comprehending their psychological well-being.

Psychological Factors Associated with Young Adults (Ages 18-26)

Young adulthood, ranging from ages 18 to 26, is a pivotal developmental stage characterized by significant cognitive, emotional, and social transitions. This period is marked by identity exploration, career establishment, and the formation of meaningful interpersonal relationships (Arnett, 2000). Individuals navigate complex life changes, including higher education, career development, and interpersonal relationships. Psychosocial development theory by Erikson (1967) identifies intimacy vs. isolation as the primary challenge of young adulthood, emphasizing the transition from self-exploration to deep relational commitments (Velasco Fernandez, 1967). Successful navigation of this stage leads to emotional fulfilment and relationship stability, whereas difficulties can result in avoidance of closeness and emotional withdrawal (Shaver & Mikulincer, 2013).

From a neuroscientific perspective, young adulthood represents a period of continued prefrontal cortex maturation, which is responsible for emotional regulation, impulse control, and complex decision-making(Casey et al., 2008). This ongoing neural development contributes to heightened emotional reactivity, making individuals more susceptible to cognitive distortions and emotional dysregulation. Additionally, attachment formation during this stage plays a crucial role in shaping relationship behaviors, with secure attachment fostering intimacy and insecure attachment increasing relational avoidance and distress (Shaver & Mikulincer, 2013).

Culturally, young adults in India face unique relational dynamics shaped by traditional values, family expectations, and evolving modern relationship norms (Kakar, 1990). While contemporary Indian youth increasingly engage in romantic relationships, cultural constraints continue to influence emotional expression and relationship stability. Another factor influencing this age group is intimacy. However, navigating intimacy is often complicated by underlying psychological processes, including repetitive negative thoughts (RNT), emotional regulation (ER), and fear of intimacy, which collectively influence relationship satisfaction and overall mental well-being.

Development of the Research Topic

Psychological research is often driven by a combination of academic inquiry, observed behavioral patterns, and gaps identified within existing literature (Creswell & Creswell, 2017). The present study on the relationship between Repetitive Negative Thinking (RNT), Emotion Regulation (ER), and Fear of Intimacy (FoI) emerged from the recognition that cognitive and emotional processes play a crucial role in interpersonal relationships, particularly during young adulthood (ages 18–26) (Descutner & Thelen, 1991; Ehring & Watkins, 2008; Gross & John, 2003). This developmental stage is marked by increased autonomy, emotional maturation, and the formation of long-term romantic and social bonds (Arnett, 2000; Sussman & Arnett, 2014). Despite the importance of these relationships, many young adults experience significant difficulties in fostering emotional closeness, a phenomenon that has not been extensively examined in relation to cognitive-emotional patterns (Davila & Kashy, 2009; Pietromonaco & Collins, 2017).

Repetitive Negative Thoughts (RNT)

Repetitive negative thinking (RNT) refers to a pattern of persistent, excessive, and difficult-to-control thoughts about past, present, or future events. This type of thinking is often pessimistic and tends to be rigid and unrelenting (Ehring et al., 2011; Ehring & Watkins, 2008; Harvey et al., 2004) .

It is considered a transdiagnostic process, meaning it is not specific to a single psychological disorder but instead contributes to a wide range of mental health difficulties, including anxiety, depression, and interpersonal dysfunction (Arditte Hall et al., 2015; Ehring & Watkins, 2008b; Hijne et al., 2020; Wahl et al., 2019; E. Watkins et al., 2005). Repetitive Negative Thoughts is closely linked to cognitive rigidity and emotional dysregulation, as it reinforces maladaptive processing of negative information, leading to a cycle of sustained psychological distress (E. R. Watkins, 2008). The persistence of these thoughts interferes with problem-solving, decision-making, and interpersonal relationships, ultimately increasing vulnerability to mental health disorders (McEvoy et al., 2010). Repetitive negative thinking (RNT) has been linked to various psychological factors, including general negative affect (Segerstrom et al., 2000), neuroticism (Muris et al., 2005), difficulties in emotion regulation (Aldao et al., 2010; Klemanski et al., 2017), perfectionism (Macedo et al., 2014), and intolerance of uncertainty (McEvoy & Mahoney, 2013). Additionally, it has been associated with insomnia (Cox & Olatunji, 2022) and suicidal behavior (Rogers et al., 2021). Given its widespread presence across multiple

psychological disorders and distress-related issues, gaining a deeper understanding of Repetitive Negative Thoughts' nature and role is crucial for identifying potential interventions.

Theoretical Frameworks on Repetitive Negative Thinking

Several theoretical models have been proposed to explain the mechanisms underlying Repetitive Negative Thoughts. The Response Styles Theory (RST) by Nolen-Hoeksema (1991) suggests that individuals who engage in rumination—repetitive thoughts about distress and its causes—are at a higher risk of developing and maintaining depression (Nolen-Hoeksema, 1991). This theory distinguishes between brooding (a passive and judgmental focus on distress) and reflection (a more analytical approach aimed at problem-solving). Brooding, in particular, has been strongly linked to increased emotional distress and relational difficulties (Nolen-Hoeksema et al., 2008).

Another important framework is the Cognitive-Attentional Syndrome (CAS) proposed within the Self-Regulatory Executive Function (S-REF) model by Wells and Matthews (1994) (A. Wells & Matthews, 1994). CAS describes repetitive negative thinking as a maladaptive cognitive process that involves excessive worry, rumination, and cognitive biases. According to this model, individuals with high Repetitive Negative Thoughts tendencies struggle with cognitive beliefs that reinforce the need to engage in repetitive thoughts as a means of problem-solving, despite its counterproductive nature (D. L. Wells, 2009).

From a neurocognitive perspective, studies indicate that Repetitive Negative Thoughts is associated with hyperactivity in the default mode network (DMN), a brain network responsible for self-referential processing and introspection. Increased Default Mode Network activity has been linked to excessive rumination and worry, leading to difficulties in disengaging from negative thought cycles (Hamilton et al., 2015).

Key Components of Repetitive Negative Thinking

Repetitive Negative Thoughts is commonly categorized into several distinct but interrelated components that contribute to its overall severity and impact. These subdivisions capture different dimensions of how repetitive negative thoughts manifest across individuals.

Worry

Worry is characterized by repetitive and uncontrollable thoughts about potential future threats or uncertainties, often linked to anxiety disorders (Borkovec et al., 1998; McLaughlin et al., 2007; Olatunji et al., 2013; Ruscio et al., 2015). It is a hallmark feature of generalized anxiety disorder (GAD) and is characterized by an inability to tolerate uncertainty. Individuals who

engage in excessive worry tend to anticipate worst-case scenarios, which often leads to avoidance behaviors in relationships. Worry is considered a maladaptive strategy, as it sustains anxiety and prevents adaptive problem-solving (Dugas et al., 1998).

Brooding

Brooding refers to a passive and repetitive focus on distressing events, personal shortcomings, and unachieved goals (Nolen-Hoeksema et al., 2008). Unlike reflection, which can lead to constructive problem-solving, brooding intensifies negative self-appraisal and reinforces a cycle of self-criticism. Research suggests that individuals high in brooding are more likely to experience depressive symptoms and emotional dysregulation, both of which can contribute to difficulties in interpersonal relationships (Treynor et al., 2003).

Interference

Interference refers to the extent to which repetitive negative thoughts disrupt daily functioning, including cognitive performance, emotional regulation, and interpersonal interactions (Ehring & Watkins, 2008). High levels of interference can lead to social withdrawal, difficulties in concentration, and impaired decision-making. Individuals who experience significant interference often struggle to remain present in social situations, as their attention is consumed by intrusive negative thoughts (McEvoy et al., 2010).

Pessimistic Fixation

Pessimistic fixation is a cognitive bias in which individuals continuously focus on worst-case scenarios and negative expectations about future events (Segerstrom et al., 2000). This pattern of thinking contributes to avoidance behaviors, emotional detachment, and an increased risk of anxiety disorders. Individuals with high pessimistic fixation tend to interpret ambiguous situations negatively, reinforcing fear-based responses and difficulties in forming secure attachments in relationships(Rood et al., 2009).

Assessment of Repetitive Negative Thinking

Several psychometric tools have been developed to assess the severity and dimensions of Repetitive Negative Thoughts. The Repetitive Negative Thoughts Questionnaire (RNTQ), used in this study, is a validated measure that captures various facets of Repetitive Negative Thoughts, including worry, brooding, interference, and pessimistic fixation (Stout et al., 2022). This scale provides a comprehensive evaluation of how Repetitive Negative Thoughts manifests across individuals and how it impacts cognitive and emotional functioning.

Other widely used measures for assessing Repetitive Negative Thoughts include:

- Ruminative Response Scale (RRS): Developed by Nolen-Hoeksema and Morrow (1991), this scale measures rumination, particularly in the context of depression. It distinguishes between brooding and reflection, providing insight into how individuals process distressing thoughts (Nolen-Hoeksema & Morrow, 1991).
- Penn State Worry Questionnaire (PSWQ): Developed by Meyer et al. (1990), this scale assesses the tendency to engage in excessive worry, particularly in individuals with generalized anxiety disorder (Meyer et al., 1990).
- Perseverative Thinking Questionnaire (PTQ): Created by Ehring et al. (2011), this measure assesses repetitive negative thinking as a transdiagnostic process, independent of specific emotional disorders (Ehring et al., 2011).

Emotional Regulation (ER)

Emotional regulation (ER) refers to the processes through which individuals monitor, evaluate, and modify their emotional responses to internal and external stimuli. It is a critical component of psychological functioning, as effective Emotional Regulation strategies contribute to emotional well-being, interpersonal satisfaction, and resilience in the face of stress(Gross, 2002). Conversely, maladaptive Emotional Regulation strategies are linked to psychological disorders such as anxiety, depression, and relationship difficulties (Aldao et al., 2010).

Emotional Regulation is considered a transdiagnostic factor, meaning that it plays a role across multiple mental health conditions rather than being specific to one disorder (Ehring & Watkins, 2008). Individuals with adaptive Emotional Regulation mechanisms demonstrate better coping strategies and flexibility in handling emotional challenges, while those with maladaptive Emotional Regulation styles often struggle with emotional dysregulation, which can impair decision-making, social functioning, and overall mental health(Gross & John, 2003).

Theoretical Frameworks on Emotional Regulation

Several theories have been proposed to explain how Emotional Regulation functions and its implications for mental health and interpersonal relationships.

One of the most widely accepted models is the Process Model of Emotion Regulation, developed by Gross (1998). This model categorizes Emotional Regulation strategies based on when they occur in the emotion-generating process. The antecedent-focused strategies (e.g., cognitive reappraisal) occur before an emotional response is fully activated, helping individuals modify their experience in a proactive way. In contrast, response-focused strategies (e.g.,

suppression) occur after the emotional response has been generated, often leading to difficulties in emotional processing and interpersonal communication (Gross, 2002).

Another influential framework is the Emotion Regulation Model (Koole, 2009), which highlights three core functions of Emotional Regulation:

- Need-oriented regulation, which focuses on satisfying an individual's emotional needs.
- Goal-oriented regulation, which involves modifying emotions to achieve specific outcomes.
- Person-oriented regulation, which pertains to maintaining an individual's self-concept and personal identity in emotional experiences.

From a neuroscientific perspective, Emotional Regulation is primarily governed by the prefrontal cortex, which regulates emotional responses generated by the limbic system, particularly the amygdala (Ochsner & Gross, 2005). Functional neuroimaging studies show that individuals with better Emotional Regulation skills exhibit greater prefrontal control over emotional stimuli, reducing excessive emotional reactivity (Goldin et al., 2008).

Key Components of Emotional Regulation

This study examines two primary subdomains of Emotional Regulation, which are critical in determining emotional adaptability and resilience.

Cognitive Reappraisal is a cognitive restructuring strategy that involves changing the interpretation of a situation to alter its emotional impact (Lazarus & Folkamn, 1984). Individuals who engage in frequent cognitive reappraisal tend to experience greater emotional stability, lower stress levels, and enhanced relationship satisfaction (Garnefski & Kraaij, 2007).

From a neurobiological perspective, cognitive reappraisal is associated with increased activity in the dorsolateral prefrontal cortex (DLPFC) and reduced activation in the amygdala, demonstrating its role in effective emotional modulation (Ochsner & Gross, 2005).

Suppression refers to the conscious inhibition of emotional expression, often to maintain social appropriateness or avoid confrontation (Gross & Levenson, 1997). While suppression can sometimes be useful in professional or social settings, chronic suppression is linked to negative psychological and relational outcomes.

Assessment of Emotional Regulation

Several psychometric tools have been developed to assess Emotional Regulation across different populations. The Emotion Regulation Questionnaire (Gross & John, 2003) used in this study is a validated measure that captures the key components of cognitive reappraisal and suppression, providing insight into an individual's Emotional Regulation patterns and their impact on psychological functioning.

Other commonly used Emotional Regulation measures include:

- Difficulties in Emotion Regulation Scale (DERS) (Gratz & Roemer, 2004): Evaluates deficits in Emotional Regulation across six dimensions, including emotional awareness, clarity, and impulse control.
- Cognitive Emotion Regulation Questionnaire (CERQ) (Garnefski & Kraaij, 2007)**:** Measures cognitive strategies for regulating emotions, such as reappraisal, rumination, and blaming.

Fear of Intimacy (FoI)

Fear of intimacy (FoI) refers to an individual's tendency to experience discomfort, avoidance, or distress in forming close emotional relationships (Descutner & Thelen, 1991). This fear often manifests as difficulty in expressing emotions, reluctance to trust others, and avoidance of deep interpersonal connections. Fear of Intimacy is not necessarily a conscious rejection of intimacy but often stems from underlying cognitive, emotional, and attachment-related vulnerabilities (Mikulincer & Shaver, 2003).

Fear of Intimacy is conceptualized along a continuum, with individuals scoring high displaying significant relational avoidance and those scoring low demonstrating greater emotional openness and relational security (Descutner & Thelen, 1991). People with high Fear of Intimacy levels may struggle with emotional vulnerability, fear of rejection, and difficulty in maintaining close relationships (Shaver & Mikulincer, 2013).

Theoretical Perspectives on Fear of Intimacy

Several psychological theories have attempted to explain the mechanisms underlying Fear of Intimacy.

1. Attachment Theory

Attachment theory (Bowlby, 1979) provides a foundational framework for understanding Fear of Intimacy. According to this theory, early interactions with caregivers shape an individual's

attachment style, influencing their approach to intimacy and relationships. Bartholomew and Horowitz (1991) expanded attachment theory by categorizing attachment styles into four types:

- Secure Attachment: Characterized by comfort with emotional closeness and a positive view of both self and others. Individuals with this style exhibit low Fear of Intimacy (Bartholomew & Horowitz, 1991).
- Preoccupied Attachment: Marked by anxiety over relationships, a fear of abandonment, and excessive emotional dependence. Fear of Intimacy in this group arises from fears of rejection rather than avoidance of intimacy itself (Bartholomew & Horowitz, 1991).
- Dismissive-Avoidant Attachment: Defined by emotional detachment and reluctance to depend on others. These individuals often exhibit high Fear of Intimacy, as they perceive intimacy as a threat to autonomy (Bartholomew & Horowitz, 1991).
- Fearful-Avoidant Attachment: A combination of both anxiety and avoidance, where individuals desire intimacy but fear emotional closeness due to past relational trauma (Bartholomew & Horowitz, 1991).

Empirical studies have consistently found that avoidant attachment is strongly correlated with high Fear of Intimacy, while secure attachment is associated with greater relational confidence (Mikulincer & Shaver, 2007).

2. Cognitive-Behavioral Model

From a cognitive-behavioral perspective, Fear of Intimacy is influenced by maladaptive thought patterns related to trust, vulnerability, and rejection (Riso et al., 2007). Individuals with Fear of Intimacy often engage in negative cognitive schemas, such as:

- Fear of abandonment: Believing that close relationships inevitably lead to rejection.
- Mistrust schema: Assuming that others will betray or hurt them emotionally.
- Emotional suppression: Avoiding emotional expression to prevent perceived rejection.

Cognitive-behavioral therapy (CBT) has been effective in addressing Fear of Intimacy by modifying these maladaptive thought patterns and promoting healthier interpersonal expectations (Leahy, 2018).

3. Evolutionary Perspective

Evolutionary psychology suggests that Fear of Intimacy may have developed as an adaptive mechanism for self-preservation (Del Giudice, 2011). Individuals with heightened sensitivity to emotional rejection may avoid intimacy to protect themselves from potential relational harm. This theory aligns with findings that Fear of Intimacy is higher in individuals with a history of relational trauma or neglect (Lemay Jr. & Clark, 2008).

Key Components of Fear of Intimacy

Fear of Intimacy manifests through several psychological and behavioral components:

1. Emotional Vulnerability Avoidance

People with high Fear of Intimacy tend to suppress their emotions and avoid situations that require emotional openness. This is particularly evident in romantic relationships, where expressing emotions is essential for deepening intimacy (Mikulincer & Shaver, 2007).

2. Fear of Rejection and Abandonment

Individuals with Fear of Intimacy often fear that opening up emotionally will lead to rejection. This can result in defensive behaviors such as distancing from partners, avoiding difficult conversations, or engaging in preemptive rejection—pushing others away before they can be rejected themselves (Pietromonaco & Beck, 2019).

3. Relational Avoidance

People with high Fear of Intimacy may avoid serious relationships altogether or engage in superficial connections to prevent deep emotional bonds. This pattern is commonly observed in individuals with dismissive-avoidant attachment styles (Bartholomew & Horowitz, 1991).

Assessment of Fear of Intimacy

The Fear of Intimacy Scale (FIS), developed by Descutner and Thelen (1991), is one of the most widely used instruments to measure Fear of Intimacy. This scale evaluates general discomfort with closeness, avoidance of emotional dependence, and fear of rejection and vulnerability (Descutner & Thelen, 1991).

Other relevant scales include:

- Experiences in Close Relationships Scale (ECR) (Brennan et al., 1998): Assesses attachment-related anxiety and avoidance.

- Adult Attachment Scale (AAS)(Collins & Read, 1990): Measures emotional closeness, dependence, and anxiety in relationships.
- Fear of Closeness Questionnaire (FOCQ) (Gurtman, 1992): Specifically evaluates discomfort with interpersonal closeness.

Existing Research and Theoretical Foundations

This study aims to examine the intersection of cognitive-emotional processes and intimacy fears among young Indian adults, offering insights into how these factors shape relational experiences. Understanding the emotional and cognitive processes within this demographic is crucial for comprehending their psychological well-being.

Research on the relationship between repetitive negative thinking (RNT), emotional regulation (ER), and relational well-being has consistently demonstrated their interconnected nature. Repetitive Negative Thinking, defined as the persistent focus on negative experiences or potential future threats, has been strongly linked to emotional dysregulation. Studies have found that individuals exhibiting higher levels of Repetitive Negative Thoughts also report greater difficulties in regulating their emotions, suggesting that Repetitive Negative Thoughts serve as a mediating factor between maladaptive cognitive beliefs and emotional distress (Mansueto et al., 2024).

Emotional suppression, a response-focused Emotional Regulation strategy involving the inhibition of emotional expression, has been widely studied for its impact on interpersonal relationships. A meta-analysis (Chervonsky & Hunt, 2017) revealed that individuals who frequently suppress emotions tend to experience lower levels of social well-being, including negative first impressions, reduced social support, and poorer romantic relationship quality. Suppression has also been linked to adverse marital outcomes, with studies indicating that habitual emotional suppression in early marriage correlates with decreased intimacy and increased relational strain (Velotti et al., 2016).

Fear of intimacy (FoI) has been identified as a key mediator in the relationship between negative thought patterns and Emotional Regulation difficulties. Individuals with higher levels of Repetitive Negative Thoughts often exhibit greater Fear of Intimacy, which in turn affects their ability to maintain stable relationships and engage in emotional responsiveness. Research has shown that emotional suppression within intimate relationships can contribute to decreased psychological well-being, particularly when both partners engage in suppressive behaviors (Velotti et al., 2016).

Need for the current research

While these findings provide valuable insights, it is crucial to acknowledge the cultural limitations of existing research. Most studies on Repetitive Negative Thoughts, Emotional Regulation, and Fear of Intimacy have been conducted in Western contexts, with limited exploration in non-Western societies. Given India's unique familial structures and societal expectations regarding emotional expression and relational dynamics, further research is needed to examine how these factors interact among young Indian adults (Mansueto et al., 2024). The current study not only extends psychological literature by integrating these constructs but also offers a culturally relevant perspective on how cognitive-emotional processes shape intimacy.

In summary, extensive research highlights the intricate relationships between repetitive negative thoughts, emotional regulation strategies like suppression, and fear of intimacy. These psychological mechanisms collectively shape relational well-being, emphasizing the necessity of culturally specific studies to better understand their impact and inform interventions for emotional and relational health.

2. Review of literature

Young adulthood is a phase marked not only by identity formation and exploration but also by the increasing salience of emotional and relational challenges. While much of developmental psychology has focused on career identity and autonomy in this stage, there is growing recognition that the ability to form and sustain emotionally fulfilling relationships is equally central to well-being (Arnett, 2000; Shulman & Connolly, 2013). For many young adults, romantic and intimate relationships become key developmental arenas, where individuals confront vulnerability, trust, emotional interdependence, and the risk of rejection. Navigating these relational experiences successfully is closely tied to broader emotional and cognitive maturity.

A growing body of research emphasizes that the psychological processes involved in managing intimate connections are deeply influenced by patterns of thought and emotional regulation. Specifically, repetitive negative thoughts (RNT)—persistent and intrusive cognitive patterns focused on distress—has been linked to difficulties in emotional regulation (Ehring & Watkins, 2008; E. R. Watkins, 2008). In turn, how individuals regulate their emotional experiences, whether through adaptive strategies like cognitive reappraisal or maladaptive ones like suppression, has significant implications for the ability to engage in and sustain emotional closeness (Gross & John, 2003).

Within this framework, the construct of fear of intimacy (FoI) becomes particularly important. Defined as an individual's apprehension or avoidance of close emotional connection (Descutner & Thelen, 1991), Fear of Intimacy can be understood as an outcome of both cognitive and emotional vulnerabilities. Young adults who engage in high levels of negative rumination and ineffective emotion regulation may be especially susceptible to relational anxiety and withdrawal, ultimately undermining their capacity for intimacy.

Despite extensive research on these variables individually, limited studies have examined their interconnections, particularly in non-Western cultural contexts like India. The majority of available research has been conducted in Western, individualistic societies, where individualistic values prioritize self-expression, emotional openness, and personal autonomy (Aldao et al., 2010; Chen & Zhou, 2018; Ehring & Watkins, 2008; Zimmer-Gembeck et al., 2017). However, in collectivist cultures such as India, emotional suppression is more common and social norms influence intimacy-related behaviors differently (Chadda & Deb, 2013). Additionally, gender norms shape how men and women process emotions and intimacy, necessitating a nuanced exploration of these constructs (Nolen-Hoeksema, 2012). The present

literature review aims to examine prior research on Repetitive Negative Thoughts, Emotional Regulation, and Fear of Intimacy individually and in relation to one another, to establish a clearer understanding of how these variables influence relationship functioning during a critical stage of psychosocial development.

There has been substantial research on repetitive negative thinking (RNT), emotional regulation (ER), and fear of intimacy (FoI), particularly in clinical psychology, cognitive neuroscience, and relationship studies. Several studies have examined these constructs in isolation, focusing on their effects on mental health, personality traits, and social functioning. Numerous studies have explored Repetitive Negative Thoughts as a transdiagnostic factor, emphasizing its role in mood and anxiety disorders (Ehring & Watkins, 2008; McEvoy et al., 2010). Similarly, emotional regulation has been extensively examined in terms of adaptive versus maladaptive strategies and their effects on mental health and interpersonal relationships (Aldao et al., 2010; Gross, 2002). Fear of intimacy, on the other hand, has been primarily studied within attachment theory and interpersonal functioning, showing its links to insecure attachment styles, early childhood experiences, and emotional avoidance (Descutner & Thelen, 1991; Mikulincer & Shaver, 2007).

This study specifically aims to explore whether Repetitive Negative Thoughts influences fear of intimacy through maladaptive Emotional Regulation, and whether gender differences play a role in these relationships. This focus is essential because intimate relationships in collectivist societies often function differently from those in individualist cultures, making it necessary to test whether existing theories apply to an Indian population.

Repetitive Negative Thoughts (RNT): Conceptualization and Empirical Findings

Repetitive Negative Thinking (RNT) is a maladaptive cognitive process characterized by persistent, intrusive, and distressing thoughts that are difficult to control and predominantly negative. This process includes rumination, where individuals focus repetitively on past negative events and their emotional consequences, and worry, which involves persistent future-oriented concerns about potential threats or adverse outcomes. Repetitive Negative Thoughts have been identified as a transdiagnostic factor underlying various forms of psychopathology, including depression and anxiety, due to its role in maintaining emotional distress and impairing cognitive flexibility (Ehring & Watkins, 2008; E. R. Watkins, 2008).

Empirical findings have consistently demonstrated that Repetitive Negative Thoughts is strongly associated with emotional dysregulation and poor mental health outcomes. In the

domain of depression, research has shown that rumination significantly predicts the onset, severity, and duration of depressive episodes (Nolen-Hoeksema et al., 2008). Depressed individuals who engage in rumination tend to focus excessively on their symptoms, their causes, and their consequences, leading to prolonged negative mood states and impairments in problem-solving abilities (Koster et al., 2015). Similarly, in anxiety disorders, worry serves as a perpetuating mechanism that sustains excessive threat perception and autonomic hyperarousal, which are hallmark features of generalized anxiety disorder (GAD) (Borkovec et al., 1983, 1998). Longitudinal studies indicate that individuals with high levels of Repetitive Negative Thoughts are at greater risk for developing anxiety and depression over time, highlighting the importance of targeting this cognitive pattern in therapeutic interventions (McLaughlin et al., 2007).

Numerous studies have investigated Repetitive Negative Thoughts as a transdiagnostic cognitive vulnerability across anxiety and mood disorders. (Ehring & Watkins, 2008) emphasized the centrality of Repetitive Negative Thoughts in emotional dysregulation using path analysis, which revealed that Repetitive Negative Thoughts predicted difficulties in regulating emotions across both clinical and non-clinical samples. Similarly, (McEvoy et al., 2010) conducted multiple regression analyses showing that Repetitive Negative Thoughts significantly predicts emotional dysfunction beyond the effects of general negative affectivity. Their findings were supported by significant beta coefficients, confirming the predictive strength of Repetitive Negative Thoughts.

The impact of Repetitive Negative Thoughts extends beyond emotional distress and influences interpersonal relationships, cognitive functioning, and daily life adaptation. Individuals with high levels of Repetitive Negative Thoughts tend to engage in avoidant coping strategies, such as emotional suppression and avoidance of problem-solving, which paradoxically increase distress over time (Aldao et al., 2010). (Aldao et al., 2010), in their meta-analysis including 114 effect sizes, employed random-effects models and found that maladaptive Emotional Regulation strategies (e.g., suppression, avoidance) were strongly associated with Repetitive Negative Thoughts and psychological symptoms. The meta-analytic correlation between rumination and emotional problems was $r = 0.53$, indicating a strong relationship.

Furthermore, Repetitive Negative Thoughts is associated with heightened interpersonal sensitivity, social withdrawal, and difficulties in maintaining close relationships, as excessive negative thinking fosters self-doubt, fear of intimacy, and interpersonal conflict (Raes &

Hermans, 2008). Research has also shown that Repetitive Negative Thoughts impairs working memory, cognitive flexibility, and decision-making processes, making it harder for individuals to focus on goal-directed activities and effectively navigate stressors in everyday life (E. R. Watkins & Roberts, 2020)

Empirical Research on Repetitive Negative Thoughts Across Different Populations

A substantial body of research has examined the prevalence and impact of Repetitive Negative Thoughts across diverse populations, revealing notable differences based on cultural, demographic, and clinical factors. In Western individualistic cultures, where personal achievement and self-expression are emphasized, Repetitive Negative Thoughts is often linked to self-focused distress and autonomy-related concerns (Nolen-Hoeksema, 2012). In contrast, collectivist cultures, such as those in East Asia, tend to exhibit different patterns of Repetitive Negative Thoughts, with a greater focus on social harmony, relational concerns, and somatic distress rather than overt cognitive rumination (Chen & Zhou, 2018). For example, a study conducted in China found that individuals who strongly endorsed interdependent self-construals were less likely to engage in explicit rumination but reported higher levels of bodily distress and tension, suggesting that Repetitive Negative Thoughts may manifest differently depending on cultural norms surrounding emotional expression (Chen & Zhou, 2018).

In terms of methodology, past studies investigating Repetitive Negative Thoughts have employed a variety of statistical techniques to examine its cognitive and emotional consequences. Structural Equation Modeling (SEM) has been widely used to assess the pathways through which Repetitive Negative Thoughts predicts emotional distress via maladaptive emotional regulation strategies (Aldao et al., 2010). In another study, (Klemanski et al., 2017) employed Structural Equation Modeling (SEM) to test the mediation model where Emotional Regulation difficulties mediated the link between Repetitive Negative Thoughts and anxiety/depression symptoms. Model fit indices (CFI = .95; RMSEA = .06) confirmed the robustness of the model.

Neuroimaging studies utilizing functional magnetic resonance imaging (fMRI) and electroencephalography (EEG) have provided additional evidence that Repetitive Negative Thoughts is associated with abnormal neural connectivity patterns, particularly in the prefrontal-limbic circuitry (Hamilton et al., 2011).

Despite the extensive research conducted on Repetitive Negative Thoughts, significant gaps remain in the literature. Most existing studies have focused on Western populations, leaving a

critical gap in understanding how Repetitive Negative Thoughts manifests in collectivist societies where emotional regulation strategies may differ. Additionally, while research has established the neural and cognitive underpinnings of Repetitive Negative Thoughts, less attention has been given to its role in fear of intimacy and interpersonal difficulties, particularly in young adult populations.

Emotional Regulation (ER): Empirical Findings and Past Research

Emotional Regulation (ER) has been extensively studied in psychological literature, particularly concerning its role in mental health, cognitive processes, and interpersonal relationships. Past research has demonstrated that Emotional Regulation is crucial in determining an individual's ability to manage stress, navigate social interactions, and prevent psychopathology (Gross, 2002). It has been widely investigated across various populations, including individuals with anxiety disorders, depression, personality disorders, and trauma-related conditions.

Studies have consistently shown that deficits in Emotional Regulation contribute significantly to various psychological disorders. A meta-analysis by (Aldao et al., 2010) found that maladaptive Emotional Regulation strategies, such as rumination, suppression, and avoidance, were strongly linked to higher levels of depression, anxiety, and stress-related disorders. In contrast, adaptive strategies like cognitive reappraisal and problem-solving were associated with lower levels of distress and better emotional resilience. These findings highlight the importance of Emotional Regulation in mitigating negative affect and promoting psychological well-being.

Studies suggest that cognitive reappraisal is linked to higher psychological flexibility and greater relationship security, as it allows individuals to manage negative emotions without suppressing their emotional experiences (John & Gross, 2004). For example, individuals who reframe a partner’s criticism as constructive feedback rather than a personal attack tend to experience healthier relationship dynamics and lower conflict intensity (Mauss et al., 2007).

Studies indicate that individuals who frequently engage in suppression experience higher physiological stress responses, including elevated cortisol levels and increased cardiovascular activity (Richards & Gross, 1999). Suppression has been particularly associated with avoidant attachment styles, where individuals struggle with emotional intimacy and tend to withdraw from close relationships (Mikulincer & Shaver, 2007).

Suppression has also been found to impair memory recall, as it requires significant cognitive resources to inhibit emotional responses, reducing the brain's ability to encode and retrieve information effectively (Richards & Gross, 2000).

Further research indicates that Emotional Regulation plays a mediating role between stressful life events and emotional outcomes. (Garnefski & Kraaij, 2007) examined the relationship between cognitive Emotional Regulation strategies and psychological distress among adolescents and found that maladaptive Emotional Regulation strategies, such as catastrophizing and self-blame, significantly increased the risk of developing depressive symptoms. Similarly, a study by (Nolen-Hoeksema et al., 2008) demonstrated that individuals who frequently engaged in rumination were more likely to develop chronic depression due to prolonged negative emotional states. These findings suggest that ineffective Emotional Regulation strategies not only exacerbate existing distress but also contribute to the long-term persistence of mental health disorders.

Emotional Regulation and Interpersonal Relationships

The role of Emotional Regulation in social functioning has also been widely studied. Research suggests that individuals with poor Emotional Regulation skills experience greater interpersonal difficulties, including increased conflict, fear of intimacy, and reduced relationship satisfaction. (Lopes et al., 2005) conducted a study examining the relationship between Emotional Regulation and social competence, finding that individuals with higher Emotional Regulation abilities demonstrated better social adjustment, greater emotional intelligence, and healthier interpersonal relationships. Similarly, (English et al., 2017) found that individuals who frequently suppressed emotions reported lower relationship satisfaction and greater difficulty in forming close emotional bonds.

Maladaptive Emotional Regulation has been particularly linked to attachment insecurity and fear of intimacy. A study by (Mikulincer & Shaver, 2007) found that individuals with avoidant attachment styles were more likely to rely on emotional suppression as a defense mechanism, leading to emotional disengagement and fear of intimacy. On the other hand, individuals with anxious attachment styles were more likely to engage in rumination, exacerbating relationship insecurities and emotional instability. These findings suggest that Emotional Regulation plays a crucial role in shaping attachment patterns and romantic relationships.

Cross-Cultural Differences in Emotional Regulation

Research has also explored cultural differences in Emotional Regulation strategies. Studies indicate that cultural norms influence the preferred modes of Emotional Regulation. In Western individualistic cultures, cognitive reappraisal is commonly used as an adaptive strategy, while in collectivist cultures, suppression is more widely practiced due to the emphasis on maintaining social harmony (Matsumoto et al., 2008). A study by (Butler et al., 2007) found that in East Asian cultures, suppression did not predict negative psychological outcomes as strongly as it did in Western cultures, suggesting that cultural expectations influence the effectiveness of Emotional Regulation strategies.

Emotional Regulation and Repetitive Negative Thinking

Several studies have investigated the relationship between Emotional Regulation and Repetitive Negative Thoughts, emphasizing the role of maladaptive Emotional Regulation in exacerbating repetitive negative thought patterns. (Rood et al., 2009) found that individuals with high Repetitive Negative Thoughts scores were more likely to engage in suppression, which significantly correlated with higher levels of fear of intimacy and emotional avoidance. Similarly, (Pepping et al., 2018) demonstrated that rumination acted as a key predictor of relational distress, as individuals who repeatedly focused on negative thoughts about themselves and their relationships exhibited greater difficulty in emotional expression and intimacy.

(Joormann & Gotlib, 2010) used a mediation model to explore whether cognitive control deficits explain the relationship between Repetitive Negative Thoughts and emotion dysregulation. They reported that individuals with depression and high Repetitive Negative Thoughts had significantly impaired inhibition of negative material, which in turn predicted higher use of maladaptive Emotional Regulation strategies.

Longitudinal studies suggest that improving Emotional Regulation skills can reduce Repetitive Negative Thoughts and its associated distress. (Berking et al., 2008) conducted an intervention study examining the effects of Emotional Regulation training on individuals with high levels of rumination and found that participants who received Emotional Regulation training demonstrated significant reductions in repetitive negative thinking and emotional distress. These findings highlight the importance of targeting Emotional Regulation strategies in interventions aimed at reducing the impact of Repetitive Negative Thoughts.

Emotional Regulation in Different Populations

Emotional Regulation has been studied across diverse populations, highlighting variations in its role depending on demographic and psychological factors. Research on clinical populations, such as individuals with borderline personality disorder (BPD), has shown that deficits in Emotional Regulation are central to emotional instability and impulsivity (Linehan et al., 1993). Studies on individuals with post-traumatic stress disorder (PTSD) suggest that maladaptive Emotional Regulation contributes to heightened emotional reactivity and difficulties in emotional modulation (Tull et al., 2007).

In non-clinical populations, studies have explored Emotional Regulation in adolescents and young adults. (Zimmer-Gembeck et al., 2017) found that adolescents who developed adaptive Emotional Regulation strategies, such as cognitive reappraisal, exhibited better academic performance, lower stress levels, and higher social competence. In contrast, those who relied on suppression and avoidance reported higher levels of emotional distress and social withdrawal. Research on university students has highlighted the link between Emotional Regulation and mental health, with studies showing that deficits in Emotional Regulation predict increased levels of depression, anxiety, and interpersonal conflict (Extremera & Berrocal, 2014).

Fear of Intimacy (FoI): Empirical Research and Psychological Correlates

Fear of intimacy (FoI) has been extensively examined in psychological research, primarily within the framework of attachment theory and interpersonal relationships. It is characterized by a reluctance or inability to engage in close emotional relationships due to deep-seated fears of vulnerability, rejection, or emotional dependence (Descutner & Thelen, 1991). Fear of Intimacy is a significant predictor of relational dissatisfaction and emotional withdrawal, making it a critical variable in understanding relationship dynamics and psychological well-being.

Attachment theory (Bowlby, 1979; Shaver & Mikulincer, 2013) provides a foundational explanation for Fear of Intimacy, suggesting that early attachment experiences shape an individual's ability to engage in emotional closeness. Empirical studies confirm that individuals with insecure attachment styles, particularly avoidant and anxious attachment, demonstrate higher levels of Fear of Intimacy. Avoidantly attached individuals tend to suppress emotional needs and avoid closeness, while anxiously attached individuals may experience ambivalence—desiring intimacy but fearing rejection (Mikulincer & Shaver, 2007).

Research supports these theoretical assumptions. (Thelen et al., 2000) conducted a study examining the relationship between attachment styles and Fear of Intimacy, finding that individuals with avoidant attachment styles exhibited significantly higher fear of emotional closeness and commitment. Similarly, (Brennan et al., 1998) demonstrated that individuals high in attachment avoidance reported greater discomfort with emotional dependency and trust, leading to relational dissatisfaction.

Fear of Intimacy and Psychological Well-Being

Empirical findings indicate that Fear of Intimacy is negatively associated with psychological well-being. Individuals with high levels of Fear of Intimacy experience greater loneliness, lower relationship satisfaction, and increased vulnerability to anxiety and depression (Dorahy et al., 2013). (Pepping et al., 2018) found that individuals with high Fear of Intimacy scores reported lower self-esteem and greater emotional dysregulation, further exacerbating relationship difficulties.

Neurobiological studies have also explored the underpinnings of Fear of Intimacy. Research using functional MRI (fMRI) has revealed that individuals with high Fear of Intimacy exhibit heightened amygdala activation in response to emotionally intimate stimuli, suggesting a heightened fear response when faced with emotional closeness (Gillath et al., 2005). Additionally, diminished activity in the prefrontal cortex, responsible for emotional regulation, has been observed in individuals with avoidant attachment and high Fear of Intimacy (Coan et al., 2006). These findings align with research on emotional regulation deficits, highlighting the interplay between Emotional Regulation, Fear of Intimacy, and relationship dysfunction.

Fear of Intimacy in Romantic and Interpersonal Relationships

Fear of Intimacy plays a significant role in shaping romantic relationships. Empirical studies indicate that individuals with high Fear of Intimacy tend to engage in defensive mechanisms such as emotional distancing, commitment avoidance, and difficulty in expressing vulnerability (Dewitte & Houwer, 2008). Research by (Montesi et al., 2013) demonstrated that individuals with high Fear of Intimacy were less likely to engage in open emotional communication, leading to increased relationship dissatisfaction and lower levels of perceived support from partners.

Furthermore, research highlights gender differences in the expression of Fear of Intimacy. Studies suggest that men, on average, report higher levels of Fear of Intimacy compared to women due to socialization processes that discourage emotional vulnerability in men (Chopik

et al., 2014). However, in cultures where emotional expressiveness is more accepted in men, gender differences in Fear of Intimacy tend to be less pronounced (Sorokowska et al., 2017).

Fear of Intimacy and Repetitive Negative Thoughts (RNT)

Recent research has explored the link between Fear of Intimacy and repetitive negative thinking (RNT), suggesting that individuals with high levels of Fear of Intimacy may engage in persistent negative thought patterns about relationships, trust, and vulnerability. A study by (Pepping et al., 2018) found that individuals with high Repetitive Negative Thoughts scores exhibited greater fear of intimacy, as negative self-focused thoughts reinforced avoidance of emotional closeness. (Pepping et al., 2018) used hierarchical regression to show that mindfulness and emotional clarity negatively predicted Fear of Intimacy after controlling for depressive symptoms, suggesting that emotional awareness is critical in overcoming intimacy fears. The model explained 39% of the variance in Fear of Intimacy ($R^2 = .39$), indicating a substantial predictive value of Emotional Regulation.

(Montesi et al., 2013) applied path analysis to demonstrate that Fear of Intimacy significantly predicted reduced relationship satisfaction through decreased emotional expression and partner responsiveness, especially in individuals with high Repetitive Negative Thoughts. Their findings supported a model where fear-related avoidance behaviors disrupt relationship quality.

Similarly, (Woody et al., 2015) found that individuals prone to rumination and worry were more likely to anticipate rejection and abandonment, further fueling Fear of Intimacy and emotional withdrawal.

Fear of Intimacy in Different Populations

Fear of Intimacy has been studied across various populations, revealing important differences based on age, cultural background, and psychological conditions. Research on adolescents suggests that early experiences of parental rejection or inconsistent caregiving contribute to higher levels of Fear of Intimacy in adulthood (Roisman et al., 2005). Among university students, studies have found that individuals with high Fear of Intimacy are more likely to struggle with forming close friendships and romantic relationships, often due to past experiences of emotional neglect or relational trauma (MacKinnon et al., 2007).

Cross-cultural studies suggest that cultural norms significantly influence the prevalence and expression of Fear of Intimacy. In collectivist cultures, where relationships and interdependence are emphasized, individuals may exhibit lower levels of Fear of Intimacy compared to individualistic cultures, where self-sufficiency is often prioritized (Schmitt et al.,

2004). For example, research comparing Western and East Asian populations found that individuals from Western cultures reported higher levels of fear of vulnerability and dependency, whereas East Asian individuals exhibited greater relational security despite engaging in emotional suppression (Markus & Kitayama, 1991).

Clinical populations have also been examined in relation to Fear of Intimacy. Individuals with social anxiety disorder, borderline personality disorder (BPD), and post-traumatic stress disorder (PTSD) often exhibit heightened fear of intimacy due to past experiences of rejection or trauma (Gobin & Freyd, 2014). Research on trauma survivors suggests that childhood abuse and neglect significantly predict Fear of Intimacy in adulthood, as early relational trauma disrupts the ability to form secure attachments (Rellini & Meston, 2011).

Fear of Intimacy and Its Interplay with Other Psychological Variables

Fear of Intimacy does not operate in isolation but interacts with other psychological constructs, such as emotional regulation, attachment styles, and cognitive biases. Research indicates that maladaptive emotional regulation strategies, such as suppression and avoidance, contribute to greater Fear of Intimacy (Gross & John, 2003). Additionally, cognitive distortions, such as catastrophizing and fear of rejection, reinforce avoidance behaviors, making it difficult for individuals to engage in close relationships (Arntz et al., 2005).

Interpersonal sensitivity, or heightened sensitivity to perceived rejection, has also been found to mediate the relationship between attachment insecurity and Fear of Intimacy (Downey & Feldman, 1996). Individuals with high interpersonal sensitivity are more likely to interpret ambiguous social cues as rejection, leading to increased emotional withdrawal and relational avoidance.

While studies have extensively examined the role of Fear of Intimacy in romantic and interpersonal relationships, gaps remain in understanding its specific interplay with Repetitive Negative Thoughts and Emotional Regulation within young adult populations.

Interrelationship Between Repetitive Negative Thinking (RNT), Emotional Regulation (ER), and Fear of Intimacy (FoI)

The relationship between repetitive negative thinking (RNT), emotional regulation (ER), and fear of intimacy (FoI) has been increasingly examined in psychological research. These constructs, while distinct, have been found to interact in ways that contribute to emotional distress and interpersonal difficulties. Repetitive Negative Thoughts, characterized by persistent negative thought patterns such as rumination and worry, is closely linked to

emotional dysregulation, which in turn exacerbates fears of intimacy (Ehring & Watkins, 2008; E. R. Watkins, 2008). This interplay is particularly relevant in understanding relationship difficulties and psychological vulnerability (Nolen-Hoeksema et al., 2008).

Repetitive Negative Thinking and Emotional Regulation Deficits

Research consistently demonstrates that Repetitive Negative Thoughts contribute to difficulties in emotional regulation. Repetitive Negative Thoughts, which includes cognitive patterns like rumination and worry, is marked by an excessive focus on past distressing events or future uncertainties (E. R. Watkins, 2008). Studies indicate that individuals with high levels of Repetitive Negative Thoughts tend to rely on maladaptive emotional regulation strategies, such as suppression, avoidance, and catastrophizing, rather than adaptive strategies like reappraisal and problem-solving (Aldao et al., 2010). These maladaptive strategies prolong emotional distress, reinforcing psychological rigidity and vulnerability to mood disorders (Joormann & Gotlib, 2010).

Neuroimaging research provides further insights into this relationship. Findings suggest that individuals who frequently engage in Repetitive Negative Thoughts exhibit increased amygdala activity—a brain region involved in fear and threat detection—alongside reduced prefrontal cortex regulation, which plays a critical role in cognitive control and emotional regulation (Hamilton et al., 2011; Kaiser et al., 2015). This dysfunctional neural response may explain why Repetitive Negative Thoughts contribute to heightened emotional reactivity and diminished cognitive flexibility, further impairing an individual's ability to manage stress and interpersonal challenges (Engen & Anderson, 2018).

Emotional Regulation as a Mediator Between Repetitive Negative Thoughts and Fear of Intimacy

Several studies suggest that emotional regulation difficulties mediate the relationship between Repetitive Negative Thoughts and fear of intimacy. Emotional dysregulation creates a barrier to emotional closeness, as individuals who struggle with regulating their emotions tend to experience heightened distress in intimate relationships (Pepping et al., 2018). Research indicates that individuals with high levels of worry (a core component of Repetitive Negative Thoughts) frequently engage in emotional suppression and avoidance, contributing to difficulties in forming and maintaining close relationships (Dugas et al., 1998).

A study by (Zimmer-Gembeck et al., 2017) found that adolescents and young adults with poor emotional regulation skills were more likely to experience intimacy fears, as they struggled to

manage emotional vulnerability in close relationships. Similarly, research on cognitive inflexibility suggests that individuals who engage in persistent negative thinking often have difficulty disengaging from negative emotional states, making them more prone to avoid intimacy as a protective mechanism (Joormann & Gotlib, 2010).

Fear of Intimacy as an Outcome of Emotional Dysregulation

Fear of intimacy is not only associated with cognitive processes like Repetitive Negative Thinking but is also influenced by deficits in emotional regulation. Poor Emotional Regulation skills lead to heightened relational anxiety, making individuals less likely to seek closeness and more likely to withdraw from intimate interactions (Gross & John, 2003). (Pepping et al., 2018) found that individuals with Emotional Regulation difficulties reported higher levels of fear of intimacy, citing concerns over trust, emotional dependency, and vulnerability.

Moreover, maladaptive emotional regulation strategies, such as emotional suppression and avoidance, reinforce intimacy fears by preventing individuals from engaging in genuine emotional expression (Berking et al., 2008). Suppression, in particular, has been linked to lower relationship satisfaction and greater fear of emotional closeness, as it reduces opportunities for emotional bonding (Gross & John, 2003).

Beyond emotional regulation, cognitive biases and interpersonal sensitivity also contribute to the link between Repetitive Negative Thoughts, Emotional Regulation, and Fear of Intimacy. Studies suggest that cognitive distortions, such as catastrophizing, overgeneralization, and fear of rejection, play a mediating role in intimacy fears by amplifying distress and reinforcing avoidance behaviors (Kaya et al., 2023; Mercan et al., 2021).

Additionally, interpersonal sensitivity, particularly rejection sensitivity, strengthens the association between Repetitive Negative Thoughts, Emotional Regulation deficits, and Fear of Intimacy. (Downey & Feldman, 1996) found that individuals with high rejection sensitivity—a cognitive bias linked to Repetitive Negative Thoughts—exhibited heightened fears of intimacy due to their tendency to perceive social interactions as threatening. This hypervigilance to rejection cues may cause individuals to withdraw from intimate relationships, reinforcing self-perpetuating cycles of avoidance and emotional distress (Romero-Canyas et al., 2010).

Cultural and Developmental Perspectives on the Interrelationship Between Repetitive Negative Thoughts, Emotional Regulation, and Fear of Intimacy

The interplay between repetitive negative thoughts (RNT), emotional regulation (ER), and fear of intimacy (FoI) is significantly shaped by both cultural and developmental contexts. Cross-cultural research has revealed that the manifestation and impact of these constructs can differ considerably depending on societal values and emotional norms. In individualistic cultures, such as those prevalent in the West, emotional expression, personal autonomy, and self-disclosure are emphasized (Hofstede, 2001; Markus & Kitayama, 1991). Within these settings, individuals are often encouraged to articulate distress and independently manage emotional challenges. However, emotional regulation difficulties in such cultures frequently present as excessive rumination and emotional overexpression, which contribute to psychological distress and intimacy-related insecurities (Ehring & Watkins, 2008; Nolen-Hoeksema, 2012).

In contrast, collectivist cultures—such as those in Asia, the Middle East, and Latin America—promote values like social harmony, interdependence, and emotional restraint (Hofstede, 2001). Research suggests that individuals in East Asian contexts, for instance, are more likely to use emotional suppression as a normative regulation strategy to maintain group cohesion and avoid interpersonal conflict (Butler et al., 2007; Matsumoto et al., 2008). In these settings, suppression may not be immediately maladaptive and might buffer some of the emotional fallout from Repetitive Negative Thoughts. However, long-term reliance on suppression may inadvertently foster greater fear of intimacy, as emotional self-disclosure and vulnerability are curtailed, weakening relational trust and emotional closeness (Mesquita et al., 2014; Wei et al., 2005). Additionally, despite collectivist cultures encouraging relational closeness, the stigma around emotional openness may cause individuals experiencing high levels of Repetitive Negative Thoughts to internalize distress, further impacting intimacy-related functioning (Chen & Zhou, 2018; Schmitt et al., 2004).

From a developmental perspective, early caregiving environments and attachment experiences have been shown to play a foundational role in shaping both Repetitive Negative Thought patterns and Emotional Regulation capacity. According to attachment theory, inconsistent or neglectful caregiving contributes to the formation of insecure attachment styles, which are associated with maladaptive emotional regulation and persistent negative thought patterns in later life (Bowlby, 1999; Roisman et al., 2005). These psychological vulnerabilities, in turn, elevate fear of intimacy in emerging adulthood. Adolescents and young adults with heightened Repetitive Negative Thinking tendencies and poor emotional regulation are more likely to

experience relational anxiety, fear of rejection, and difficulty forming emotionally secure bonds (Klemanski et al., 2017; Mansueto et al., 2024). Thus, the interaction between early relational experiences and socio-cultural emotional norms may create compounding effects that influence the development and manifestation of Repetitive Negative Thoughts, Emotional Regulation, and Fear of Intimacy across populations.

Emotional Regulation and Intimacy in the Indian Cultural Context

In India, cultural expectations surrounding emotional expression and relational dynamics are shaped by collectivist values, strong family ties, and hierarchical social structures (Chadda & Deb, 2013). Emotional suppression is widely practiced, particularly in interpersonal and familial relationships, as emotional restraint is associated with maturity, respect, and self-control (Tiwari, 2013). Research suggests that Indian individuals who frequently suppress emotions may experience lower emotional awareness, which can impair emotional regulation and relational closeness (Singh et al., 2023).

While studies have examined emotional suppression and regulation within Indian populations (Sharma & Sharma, 2015), there is a lack of research investigating how Repetitive Negative Thoughts contributes to Emotional Regulation difficulties and Fear of Intimacy in young Indian adults. Given that Indian cultural norms emphasize familial dependence, individuals may develop unique cognitive and emotional coping patterns that differ from those in Western societies (Sinha, et al., 2001). Furthermore, the increasing influence of globalization and changing relationship dynamics among urban Indian youth may lead to greater psychological conflicts between traditional collectivist values and modern individualistic ideologies (Bhatia & Ram, 2009). This cultural shift highlights the need for population-specific research on Repetitive Negative Thoughts, Emotional Regulation, and Fear of Intimacy in Indian youth.

The interrelationship between Repetitive Negative Thoughts, Emotional Regulation, and Fear of Intimacy is complex and has significant implications for psychological well-being and interpersonal relationships. Research consistently supports the idea that Repetitive Negative Thoughts contribute to Emotional Regulation difficulties, which in turn heighten fears of intimacy. However, despite a growing body of literature, gaps remain in understanding the mechanisms underlying this relationship. Future studies should explore longitudinal and cross-cultural perspectives to better understand how cognitive, emotional, and social factors interact to shape intimacy fears.

Gender Differences in Repetitive Negative Thoughts, Emotional Regulation, and Fear of Intimacy

A substantial body of literature suggests that gender differences play a crucial role in the manifestation of Repetitive Negative Thoughts, Emotional Regulation difficulties, and intimacy fears (Nolen-Hoeksema, 2012). These differences may be influenced by biological, cognitive, emotional, and sociocultural factors.

Gender and Repetitive Negative Thoughts

Women are significantly more likely to engage in rumination, a core component of Repetitive Negative Thoughts, than men (Nolen-Hoeksema et al., 2008). Rumination is linked to higher rates of depression and anxiety in women, as it prolongs negative emotional states and interferes with adaptive problem-solving(Johnson & Whisman, 2013). This gender difference is partly attributed to hormonal fluctuations, cognitive socialization patterns, and differential stress appraisal mechanisms(Salk et al., 2017).

In contrast, men tend to engage in distraction-based coping mechanisms, which may reduce Repetitive Negative Thoughts but also contribute to avoidant emotional regulation strategies (Tamres et al., 2002). Avoidance, while reducing immediate distress, is associated with long-term emotional suppression and relational difficulties (Gross & John, 2003).

Gender and Emotional Regulation

Gender differences in Emotional Regulation have also been extensively documented. Research suggests that women are more likely to use emotion-focused coping strategies, such as seeking social support and cognitive reappraisal, whereas men are more likely to engage in emotional suppression and avoidance- based coping(Tamres et al., 2002; Zimmer-Gembeck et al., 2017). These differences have been attributed to socialization practices, where women are encouraged to express emotions, while men are often conditioned to suppress vulnerability (Nolen-Hoeksema, 2012). Emotional suppression in men has been linked to greater relational difficulties, as it reduces emotional intimacy and increases interpersonal detachment (Pepping et al., 2018). A study by (Gross & John, 2003) found that men who engaged in frequent suppression experienced higher levels of interpersonal distress and lower relationship satisfaction compared to women who used the same strategy.

Gender and Fear of Intimacy

Men, on average, exhibit greater fear of intimacy than women, largely due to higher tendencies toward emotional suppression and avoidance(Chopik et al., 2014). Studies have shown that men with high levels of emotional suppression are more likely to report discomfort with

emotional closeness, fear of dependency, and relational avoidance (Mikulincer et al., 2010). In contrast, women with high Repetitive Negative Thoughts levels may experience relational ambivalence, wherein they desire intimacy but fear emotional vulnerability (Pepping et al., 2018).

Research Gaps

While gender differences in Repetitive Negative Thinking (RNT), Emotional Regulation (ER), and Fear of Intimacy (FoI) have been well-documented, existing research has primarily focused on Western individualistic societies. There is a critical gap in understanding how these differences manifest in collectivist cultures, where emotional expression and interpersonal relationships are shaped by cultural norms, family expectations, and traditional gender roles. Furthermore, there is limited empirical evidence on how gender norms influence the use of emotional regulation strategies and their subsequent impact on intimacy fears.

Additionally, research has yet to determine whether psychological interventions targeting Repetitive Negative Thoughts and Emotional Regulation should be gender-specific. Since men and women exhibit different coping mechanisms—such as women's tendency toward rumination and men's preference for emotional suppression (Nolen-Hoeksema, 2012)—it remains unclear whether intervention strategies should be tailored to account for these gender-based cognitive and emotional patterns. Addressing these limitations will help refine therapeutic models aimed at reducing relationship anxiety and emotional dysregulation across diverse populations.

3. Method

Aim

To analyse the impact of Repetitive Negative Thinking and Emotional Regulation on Fear of Intimacy among Young Adults having experienced a Romantic Breakup.

Objectives

1. Objectives on Relationships Between Variables

To find out the relationship between Repetitive Negative Thoughts (including Worry, Brooding, Interference, and Pessimistic Fixation), Emotion Regulation strategies (Reappraisal and Suppression), and Fear of Intimacy among young adults.

2. Objectives on Predictive Value for Fear of Intimacy

To find out whether Repetitive Negative Thoughts—including Worry, Brooding, Interference, and Pessimistic Fixation—as well as Emotion Regulation strategies such as Reappraisal and Suppression, significantly predict Fear of Intimacy among young adults.

3. Objectives on Gender Differences

To find out whether there are gender differences in Repetitive Negative Thoughts, Worry, Brooding, Interference, Pessimistic Fixation, Suppression, Reappraisal, and Fear of Intimacy.

Hypothesis

1. H_0: There is no significant relationship between Repetitive Negative Thoughts and Fear of Intimacy.
   H_1: There is a significant relationship between Repetitive Negative Thoughts and Fear of Intimacy.

2. H_0: There is no significant relationship between Worry and Fear of Intimacy.
   H_1: There is a significant relationship between Worry and Fear of Intimacy.

3. H_0: There is no significant relationship between Brooding and Fear of Intimacy.
   H_1: There is a significant relationship between Brooding and Fear of Intimacy.

4. H_0: There is no significant relationship between Interference and Fear of Intimacy.
   H_1: There is a significant relationship between Interference and Fear of Intimacy.

5. H_0: There is no significant relationship between Pessimistic Fixation and Fear of Intimacy.
   H_1: There is a significant relationship between Pessimistic Fixation and Fear of Intimacy.

6. H_0: There is no significant relationship between Suppression and Fear of Intimacy.
   H_1: There is a significant relationship between Suppression and Fear of Intimacy.

7. H_0: There is no significant relationship between Reappraisal and Fear of Intimacy.
   H_1: There is a significant relationship between Reappraisal and Fear of Intimacy.

8. H_0: Repetitive Negative Thoughts do not significantly predict Fear of Intimacy.
   H_1: Repetitive Negative Thoughts significantly predict Fear of Intimacy.

9. H_0: Worry does not significantly predict Fear of Intimacy.
   H_1: Worry significantly predicts Fear of Intimacy.

10. H_0: Brooding does not significantly predict Fear of Intimacy.
    H_1: Brooding significantly predicts Fear of Intimacy.

11. H_0: Interference does not significantly predict Fear of Intimacy.
    H_1: Interference significantly predicts Fear of Intimacy.

12. H_0: Pessimistic Fixation does not significantly predict Fear of Intimacy.
    H_1: Pessimistic Fixation significantly predicts Fear of Intimacy.

13. H_0: Suppression does not significantly predict Fear of Intimacy.
    H_1: Suppression significantly predicts Fear of Intimacy.

14. H_0: Reappraisal does not significantly predict Fear of Intimacy.
    H_1: Reappraisal significantly predicts Fear of Intimacy.

15. H_0: There is no significant gender difference in Repetitive Negative Thoughts.
    H_1: There is a significant gender difference in Repetitive Negative Thoughts.

16. H_0: There is no significant gender difference in Worry.
    H_1: There is a significant gender difference in Worry.

17. H_0: There is no significant gender difference in Brooding.
    H_1: There is a significant gender difference in Brooding.

18. H_0: There is no significant gender difference in Interference.
    H_1: There is a significant gender difference in Interference.

19. H_0: There is no significant gender difference in Pessimistic Fixation.
    H_1: There is a significant gender difference in Pessimistic Fixation.

20. H_0: There is no significant gender difference in Suppression.
    H_1: There is a significant gender difference in Suppression.

21. H_0: There is no significant gender difference in Reappraisal.
    H_1: There is a significant gender difference in Reappraisal.

22. H_0: There is no significant gender difference in Fear of Intimacy.
    H_1: There is a significant gender difference in Fear of Intimacy.

Variables

1. Repetitive Negative Thoughts (RNT)

"Repetitive negative thinking (RNT) is a type of thinking about the past, present, or future that is difficult to control and generally pessimistic, excessive, persistent, and perseverative." (Ehring et al., 2011; Ehring & Watkins, 2008; A. G. Harvey et al., 2004)

2. Worry

Worry is characterized by persistent, excessive, and uncontrollable thoughts about future threats, uncertainties, or potential negative outcomes. It involves anticipatory anxiety and cognitive preoccupation with hypothetical problems that may or may not occur.

3. Brooding

Brooding is a form of passive and negative self-reflection, where individuals repeatedly dwell on distressing past experiences or emotions without actively seeking resolution. It is linked to ruminative coping styles and depressive symptomatology.

4. Interference

Interference refers to the extent to which repetitive negative thoughts disrupt daily functioning, cognitive performance, and emotional regulation. This dimension captures the intrusive and uncontrollable nature of Repetitive Negative Thoughts, which interferes with concentration, productivity, and social interactions.

5. Pessimistic Fixation

Pessimistic fixation refers to an excessive focus on negative aspects of situations, past failures, or the belief that negative outcomes are unavoidable. It reflects low optimism, negative expectations, and a self-perpetuating cycle of despair.

6. Emotion Regulation (ER)

James J. Gross (1998) defines emotion regulation as "the processes by which individuals influence which emotions they have, when they have them, and how they experience and express these emotions."(Gross, 1998)

7. Reappraisal

Reappraisal refers to an adaptive emotion regulation strategy where individuals reinterpret a situation to alter its emotional impact. This process helps in reducing negative emotions and enhancing positive emotional experiences by changing how one thinks about a given situation.

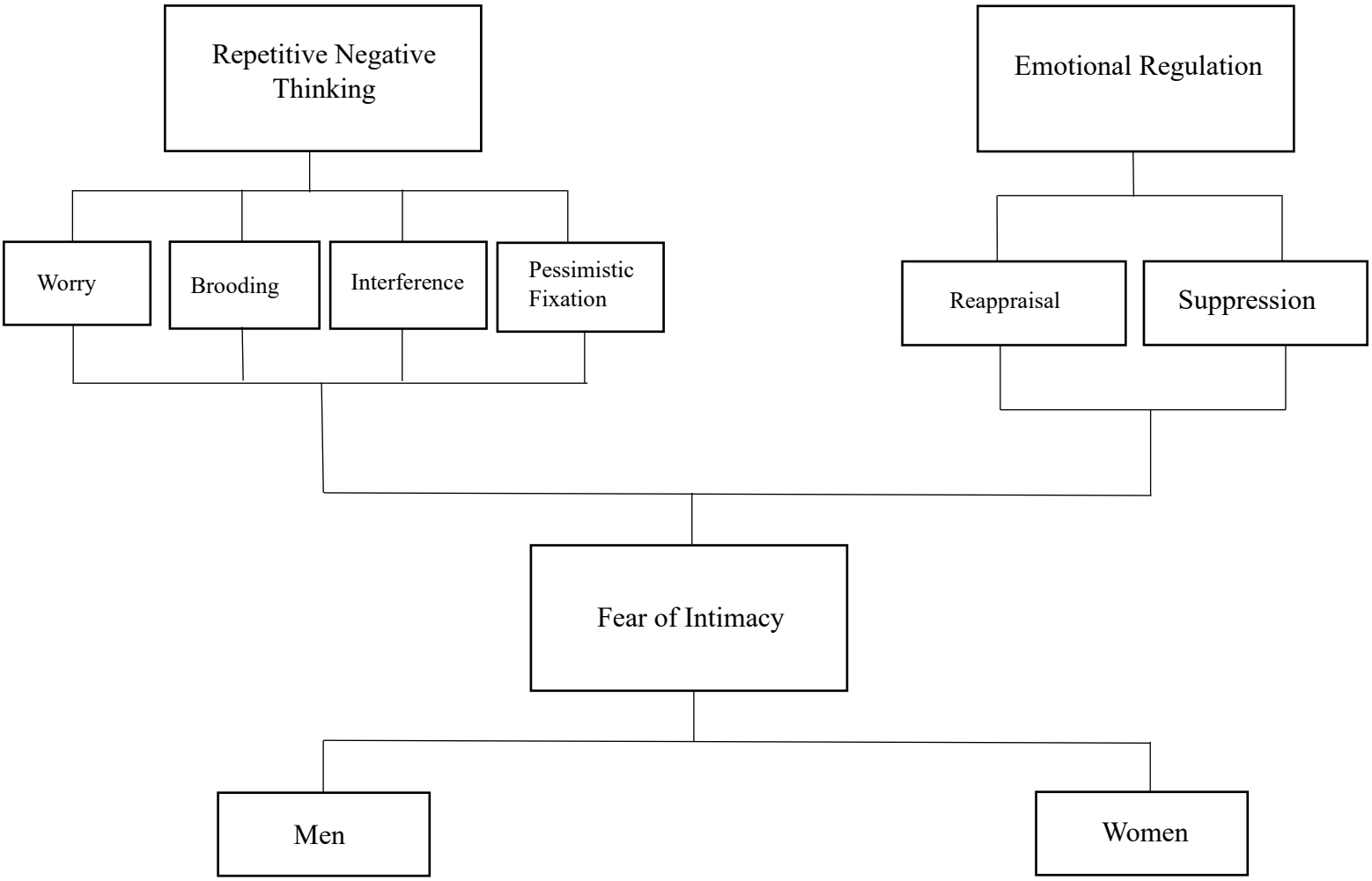
8. Suppression

Suppression is a maladaptive emotion regulation strategy where individuals inhibit the outward expression of emotions without altering their internal experience. Suppression is often used to conform to social expectations or avoid emotional vulnerability, but it can lead to increased psychological distress and reduced emotional clarity.

9. Fear of Intimacy (FoI)

Carol J. Descutner and Mark H. Thelen (1991) define fear of intimacy as "an inhibited capacity of an individual, because of anxiety, to exchange thoughts and feelings of personal significance with another individual who is highly valued." (Descutner & Thelen, 1991)

Research Design:



Tools used in the research

1. **Information Schedule**

Purpose and Design

The Information Schedule was developed to systematically collect essential demographic, social, and background details of the participants. This schedule aimed to capture relevant characteristics that could potentially influence the psychological constructs under study—Repetitive Negative Thoughts (RNT), Emotion Regulation (ER), and Fear of Intimacy (FoI). The collected data provided contextual insights into how individual differences in personal and familial backgrounds may relate to the variables under investigation.

Components of the Information Schedule

The Information Schedule comprised the following key sections:

1. Personal Information: Included details such as initials, age, sex, gender, phone number, and email ID. These details helped in categorizing participants and maintaining anonymity.
2. Relationship Status: Participants were required to indicate whether they were single, in a relationship, or married. This helped in examining how different relationship statuses might impact Repetitive Negative Thought, Emotional Regulation, and Fear of Intimacy.
3. Area of Residence: Classified as rural, urban, or suburban. Given the sociocultural variations in emotional regulation and intimacy concerns, this distinction helped assess whether geographic location played a role in psychological tendencies.
4. Educational Qualification: Categories included high school, graduation, and post-graduation. Since education can influence cognitive and emotional processing, this variable was necessary for analysis.
5. Occupation: An open-ended response allowed participants to specify their professional background, helping explore any occupational stressors related to emotional regulation and intimacy issues.
6. Family Type: Classified as nuclear, joint, or extended. Since collectivist cultures often emphasize family structures in emotional expression and intimacy, this variable provided insights into familial influences.
7. Family Income: Categorized into income brackets ranging from below ₹2,50,000 to above ₹20,00,000 per annum, ensuring a socioeconomic analysis of psychological constructs.
8. Mental and Physical Health History: Participants indicated whether they had been diagnosed with any psychiatric or medical conditions, along with information about family members with similar diagnoses. This section helped control for potential confounding variables.

9. Relationship History: Gathered details on the number and duration of past relationships, along with self-reported relationship difficulties. This information was crucial for understanding patterns in intimacy fears and emotional regulation strategies.

Significance of the Information Schedule

The collected demographic and background details enabled researchers to account for potential influences on the study's primary psychological constructs. Understanding contextual factors ensured a more accurate and culturally sensitive interpretation of results.

Informed Consent Process

Before participation, all individuals were provided with an informed consent form detailing the nature of the research, its objectives, and the voluntary nature of participation. The form clarified that participants had the right to withdraw at any stage without consequences. Additionally, confidentiality assurances were provided, ensuring that personal data would be anonymized.

2. Scales

a. Repetitive Negative Thoughts Questionnaire (RNTQ)

Description of the Tool

The Repetitive Negative Thoughts Questionnaire (RNTQ), developed by (Stout et al., 2022) is a self-report measure designed to assess the frequency and intensity of repetitive negative thinking (RNT), a cognitive process characterized by persistent, unhelpful, and distressing thoughts. Repetitive negative thinking (RNT) is a transdiagnostic cognitive process associated with various psychological disorders, including anxiety, depression, and stress-related conditions.

What It Measures

The Repetitive Negative Thoughts Questionnaire is designed to assess general repetitive negative thinking, independent of any specific psychological disorder. It captures perseverative cognition, or the tendency to engage in prolonged and recurrent negative thoughts about oneself, others, or the future.

Sub-Parameters

The Repetitive Negative Thoughts Questionnaire consists of 22 items, each assessing different aspects of persistent negative thoughts. These items are rated on a 6-point Likert scale ranging

from "Not at all typical of me" to "Extremely typical of me". The scale captures various forms of repetitive thoughts, including:

1. Worry

Items: 2, 9, 10, 11, 20, 21

- Persistent Concern (Items 2, 10) → Reflects the tendency to frequently think about potential future difficulties.
- Uncontrollable Thought Cycles (Items 9, 20) → Highlights difficulties in stopping or controlling the thought process once worry begins.
- Catastrophic Thinking (Items 11, 21) → Involves exaggerating worst-case scenarios and assuming negative consequences are inevitable.

Worry is strongly associated with generalized anxiety disorder (GAD), perfectionism, and intolerance of uncertainty. It is considered a maladaptive strategy for dealing with uncertainty and stress.

2. Brooding

Items: 1, 14, 15, 16, 18

- Self-Focused Reflection (Items 1, 14) → Involves dwelling on personal failures, mistakes, or shortcomings.
- Emotional Amplification (Items 15, 16) → Magnifies negative emotions by repeatedly analyzing past distressing experiences.
- Helplessness and Passive Coping (Item 18) → Highlights the tendency to remain stuck in negative emotions rather than taking proactive steps to solve problems.

Brooding is closely linked to major depressive disorder (MDD) and low self-efficacy. Unlike problem-solving reflection, which leads to solutions, brooding deepens emotional distress and prolongs depressive episodes.

3. Interference

Items: 4, 5, 8, 13, 19, 22

- Cognitive Impairment (Items 4, 8, 19) → Reflects difficulties in focusing on tasks due to intrusive negative thoughts.

- Disruption of Daily Activities (Items 5, 13) → Measures how Repetitive Negative Thoughts affects personal and professional responsibilities.
- Emotional Dysregulation (Item 22) → Highlights heightened emotional distress caused by repetitive thoughts interfering with mood stability.

Interference is commonly seen in anxiety disorders, PTSD, and OCD, where intrusive thoughts dominate cognitive processes, making it difficult for individuals to focus or remain emotionally balanced.

4. Pessimistic Fixation

Items: 3, 6, 7, 12, 17

- Negative Expectancy Bias (Items 3, 6) → A tendency to assume that future events will have negative outcomes.
- Focus on Past Failures (Items 7, 12) → Dwelling on previous mistakes or misfortunes, leading to low self-worth.
- Cognitive Rigidity (Item 17) → Difficulty in shifting away from a negative perspective, reinforcing pessimistic beliefs.

Pessimistic fixation is a core feature of learned helplessness, depression, and cognitive distortions. It fuels avoidance behaviors and reduces motivation to engage in adaptive coping strategies.

Psychometric Properties

Reliability: High internal consistency indicating strong reliability.(Cronbach's alpha = 0.95) (Stout et al., 2022).

Validity: Demonstrated strong convergent validity with measures of rumination (Ruminative Responses Scale) and worry (Penn State Worry Questionnaire), showing its effectiveness in capturing repetitive negative thought patterns.

Scoring and Interpretation

- Responses are typically recorded on a Likert scale (e.g., 1 = never, 5 = always).
- Higher scores indicate greater engagement in repetitive negative thinking, which may be associated with increased risk for mood and anxiety disorders.

- No fixed cutoff scores, but higher percentiles reflect greater cognitive vulnerability to emotional distress.

b. Emotion Regulation Questionnaire (ERQ)

Description of the tool

The Emotion Regulation Questionnaire (ERQ), developed by (Gross & John, 2003), is a self-report scale, designed to assess individual differences in emotion regulation strategies. Emotion regulation refers to how people influence their emotions, either by modifying emotional experiences or altering their emotional expression. It evaluates how individuals manage their emotional responses, particularly in relation to cognitive reappraisal and expressive suppression.

What It Measures

The Emotional Regulation Questionnaire measures two distinct strategies of emotion regulation:

1. Cognitive Reappraisal: Modifying the way, one thinks about a situation to alter its emotional impact.
2. Expressive Suppression: Inhibiting outward signs of emotional responses.

Structure and Content

The Emotional Regulation Questionnaire consists of 10 items, rated on a 7-point Likert scale from "Strongly Disagree" to "Strongly Agree". It measures two primary emotion regulation strategies:

1. Reappraisal

Items: 1, 3, 5, 7, 8, 10

- Positive Reinterpretation (Items 1, 5) → The ability to frame negative experiences in a more constructive or beneficial way.
- Cognitive Flexibility (Items 3, 8) → The capacity to shift perspectives when faced with emotional distress.
- Emotional Control (Items 7, 10) → Using reappraisal techniques to maintain emotional balance in challenging situations.

Reappraisal is associated with greater emotional well-being, increased psychological resilience, and reduced symptoms of anxiety and depression. Studies have shown that individuals who frequently use reappraisal tend to experience more positive emotions and better interpersonal relationships.

Scoring and Interpretation:

- Higher scores indicate frequent use of reappraisal as a regulation strategy, suggesting greater emotional adaptability and psychological well-being.
- Lower scores suggest difficulty in reframing emotions, which may be linked to higher vulnerability to stress, anxiety, and mood disorders.

2. Suppression

Items: 2, 4, 6, 9

- Inhibition of Emotional Expression (Items 2, 6) → The tendency to suppress outward emotional reactions, particularly negative emotions.
- Social Conformity (Item 4) → The use of suppression to adhere to cultural or social norms about emotional expression.
- Emotional Bottling (Item 9) → A tendency to internalize emotions, leading to potential psychological distress over time.

Suppression has been linked to higher stress levels, lower life satisfaction, and increased risk of depression and anxiety. It is also associated with reduced social connectedness, as individuals who suppress emotions tend to have poorer interpersonal relationships and less emotional support from others.

Scoring and Interpretation:

- Higher scores indicate frequent suppression of emotional expression, which may be linked to greater emotional distress, social withdrawal, and interpersonal difficulties.
- Lower scores suggest a tendency to express emotions more openly, which is generally associated with better psychological health and social relationships.

Psychometric Properties

- Reliability: Reported Cronbach's alpha for cognitive reappraisal = 0.79, for expressive suppression = 0.73 (Gross & John, 2003).
- Validity: Shows strong correlations with emotional well-being, social functioning, and psychological distress. Cognitive reappraisal is linked to better mental health outcomes, whereas expressive suppression is associated with higher stress levels and interpersonal difficulties.

Scoring and Interpretation

- Participants rate their agreement on a 7-point Likert scale (1 = strongly disagree, 7 = strongly agree).
- Scores for each subscale are calculated separately.
- A higher reappraisal score combined with a lower suppression score suggests adaptive emotional regulation and greater psychological well-being.
- A lower reappraisal score with a higher suppression score may indicate difficulty managing emotions, potentially leading to emotional dysregulation and mental health concerns.
- Balanced scores may indicate a flexible approach to emotion regulation, where both strategies are used based on contextual demands.

c. Fear of Intimacy Scale (FIS)

Introduction and Background

The Fear of Intimacy Scale (FIS), developed by (Descutner & Thelen, 1991), is a self-report measure designed to assess the extent to which individuals experience discomfort or anxiety in close relationships. It is particularly useful for studying interpersonal functioning, attachment styles, and relational anxiety.

What It Measures

The Fear of Intimacy Scale measures the level of fear or avoidance of emotional closeness in relationships. It reflects difficulty in being emotionally open and trusting with others, which can impact romantic, familial, and social relationships.

Structure and Content

The scale consists of 35 items, rated on a 5-point Likert scale from "Not at all characteristic of me" to "Extremely characteristic of me". It measures different aspects of fear in intimate relationships, including:

- Discomfort with Emotional Disclosure – Reluctance to share personal emotions.
- Fear of Dependence – Anxiety over relying on a partner.
- Avoidance of Emotional Closeness – General hesitancy toward forming deep relationships.

Psychometric Properties

- Reliability: High internal consistency, Cronbach's alpha = 0.91(Descutner & Thelen, 1991)
- Validity: Demonstrates strong associations with attachment insecurity, low self-esteem, and relational dissatisfaction, validating its effectiveness in measuring intimacy fears.

Scoring and Interpretation

- Items are scored on a 5-point Likert scale (1 = not at all characteristic of me, 5 = extremely characteristic of me).
- Higher scores indicate greater fear of intimacy, reflecting difficulty in trusting others and forming emotionally close relationships.
- Scores can be interpreted in percentiles to compare individual results against normative data.

These tools provided a comprehensive assessment of cognitive, emotional, and relational factors influencing young adults. Their strong psychometric properties ensured reliable and valid measurement of psychological constructs in the study.

Sample Description

The present study was conducted on young adults residing in Kolkata, India, to examine the relationship between repetitive negative thoughts (RNT), emotion regulation (ER), and fear of intimacy (FoI). The sample comprised individuals within the age range of 18 to 26 years, selected through a convenience sampling method. A total of 200 participants were initially approached for the study. Participants were recruited through offline methods using convenience sampling in public spaces and colleges in Kolkata, India. All participants were

briefed on the purpose of the study, confidentiality procedures, and their right to withdraw at any stage.

Out of 200:

- Several participants were excluded due to incomplete responses or reluctance to disclose personal experiences.
- Some withdrew from the study citing discomfort with the nature of the questions.
- After excluding these cases, the final sample comprised 126 participants, of which:
    - 66 were women
    - 60 were men

All included participants met the eligibility criteria and completed the questionnaire in a quiet, distraction-free setting. Doubts regarding any item or instruction were clarified by the researcher present during data collection. The study aimed to capture a non-clinical, community-based population of young adults navigating emotional and cognitive patterns within the socio-cultural context of Kolkata.

Inclusion Criteria

- Participants aged between 18 to 26 years.
- Individuals who identified as young adults.
- Participants who had experienced at least one romantic breakup prior to participation.
- Participants who were fluent in English, as all questionnaires were administered in English.
- Individuals who gave informed consent to voluntarily participate in the study.

Exclusion Criteria

- Individuals with a self-reported history of psychiatric or neurological disorders.
- Participants currently undergoing psychotherapy or psychiatric medication.
- Incomplete or inconsistent responses on the administered scales.
- Individuals who showed discomfort or hesitation in providing honest responses.

Procedure

The present study was conducted using a structured offline data collection method. Participants were recruited through convenience sampling from various educational institutions and community settings and only people who have had a breakup before were

selected. Prior to data collection, informed consent was obtained from all participants, ensuring that they understood the purpose of the study, their rights, and the confidentiality of their responses. The study employed three standardized psychological instruments: the Repetitive Negative Thoughts Questionnaire (RNTQ) by (Stout et al., 2022), the Emotion Regulation Questionnaire (ERQ) by (Gross & John, 2003), and the Fear of Intimacy Scale (FIS) by (Descutner & Thelen, 1991). These measures were selected based on their strong psychometric properties, including high reliability and validity in assessing the constructs of interest. Participants were provided with printed copies of the questionnaires in a quiet and comfortable setting. To ensure a clear understanding of the items, the researcher was present during the administration to address any doubts. Instructions were given verbally before participants proceeded to fill out the forms independently. The researcher clarified any ambiguities in item phrasing but did not influence participant responses. The estimated completion time for all three questionnaires was approximately 20–30 minutes per participant. After completing the survey, participants submitted their responses directly to the researcher to maintain confidentiality. The collected data was then securely stored and uploaded to excel for further analysis. This offline mode of data collection minimized distractions and ensured better participant engagement compared to online surveys. Additionally, the researcher's presence facilitated accurate comprehension of the questionnaire items, reducing the likelihood of missing or inconsistent responses.

Statistical Analysis

Data collected will be analysed using SPSS and employing appropriate descriptive and inferential statistics.

4. Result

Table 1: Table showing N, Mean and SD of Repetitive Negative Thoughts, Worry, Brooding, Interference, Pessimistic Fixation, Reappraisal, Suppression, Fear of Intimacy

Variables	N	Mean	SD
Repetitive Negative Thoughts	126	72.28	24.629
Worry	126	19.88	8.095
Brooding	126	16.18	5.882
Interference	126	18.68	7.407
Pessimistic Fixation	126	17.53	5.904
Reappraisal	126	27.17	6.950
Suppression	126	17.96	5.529
Fear of Intimacy	126	87.83	26.580

Interpretation:

Table 1 displays the descriptive statistics for all study variables based on the total sample (N = 126). The variables assessed include Repetitive Negative Thoughts, Worry, Brooding, Interference, Pessimistic Fixation, Reappraisal, Suppression, and Fear of Intimacy.

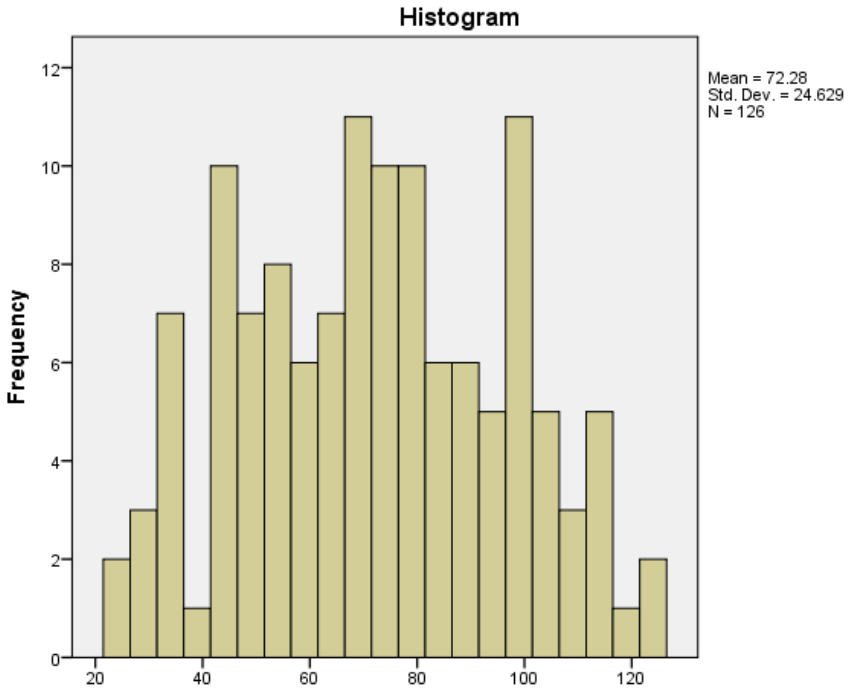
Fear of Intimacy recorded the highest mean score (M = 87.83, SD = 26.580), indicating that participants reported a relatively high level of concern or discomfort regarding emotional closeness. This was followed by Repetitive Negative Thoughts (M = 72.28, SD = 24.629), suggesting a frequent experience of intrusive and recurring negative thoughts among the participants.

Reappraisal, a cognitive emotion regulation strategy, had a mean of 27.17 (SD = 6.950), reflecting moderate use across the sample. Worry showed a mean score of 19.88 (SD = 8.095), and Interference followed closely with a mean of 18.68 (SD = 7.407), indicating moderate levels of both cognitive disruption and anxious rumination.

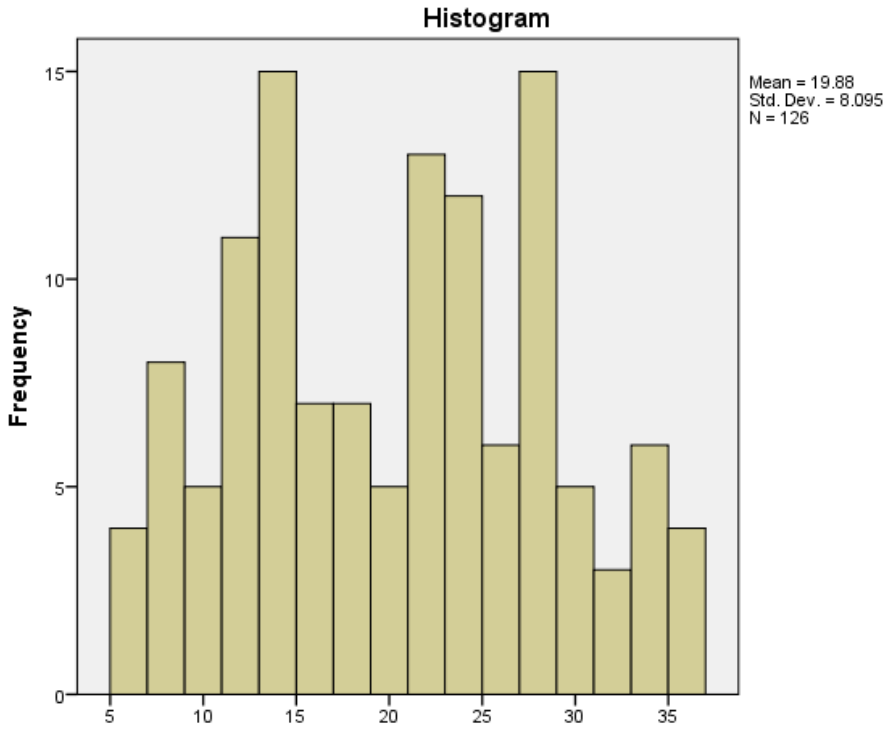
Meanwhile, Suppression (M = 17.96, SD = 5.529) and Pessimistic Fixation (M = 17.53, SD = 5.904) reflected slightly lower scores, suggesting a relatively less frequent use of suppression and pessimistic cognitive patterns. Brooding had the lowest mean among the variables (M = 16.18, SD = 5.882), indicating that although present, it was reported to a lesser extent in comparison to the other cognitive-emotional factors.

These descriptive statistics provide a foundational understanding of how the variables are distributed in the sample and serve as a basis for further inferential analyses conducted in the study.

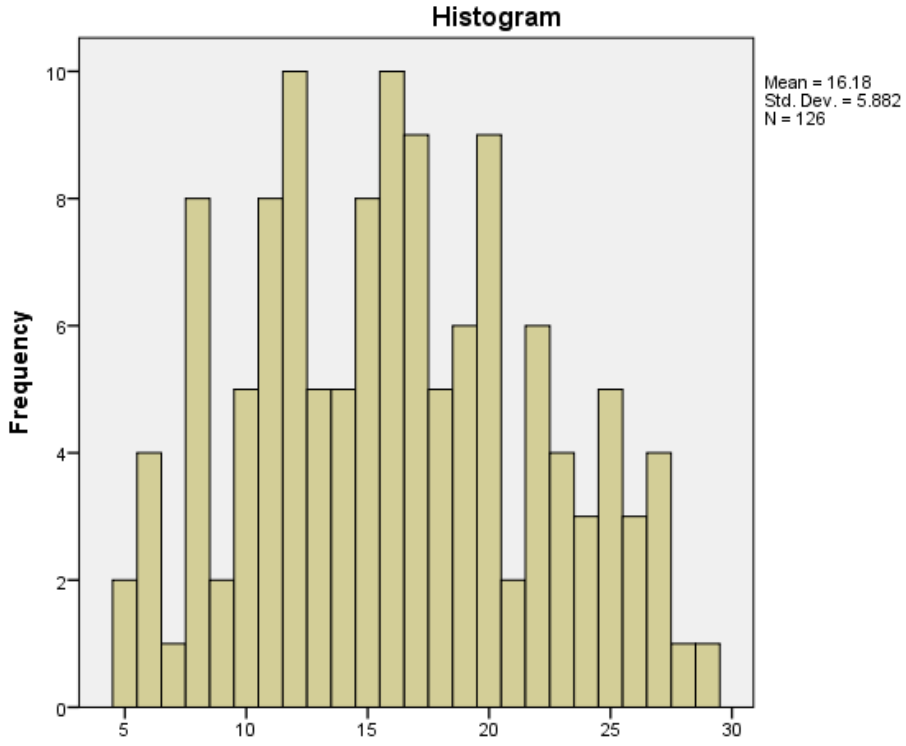
Graph 1: Histogram showing distribution of Repetitive Negative Thoughts



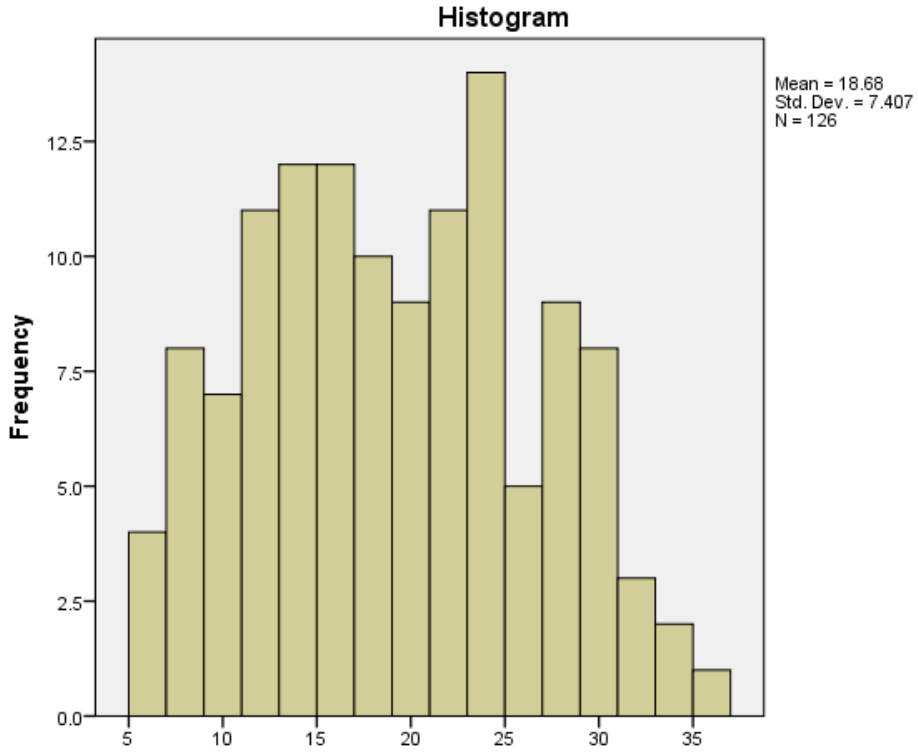
Graph 2: Histogram showing distribution of Worry



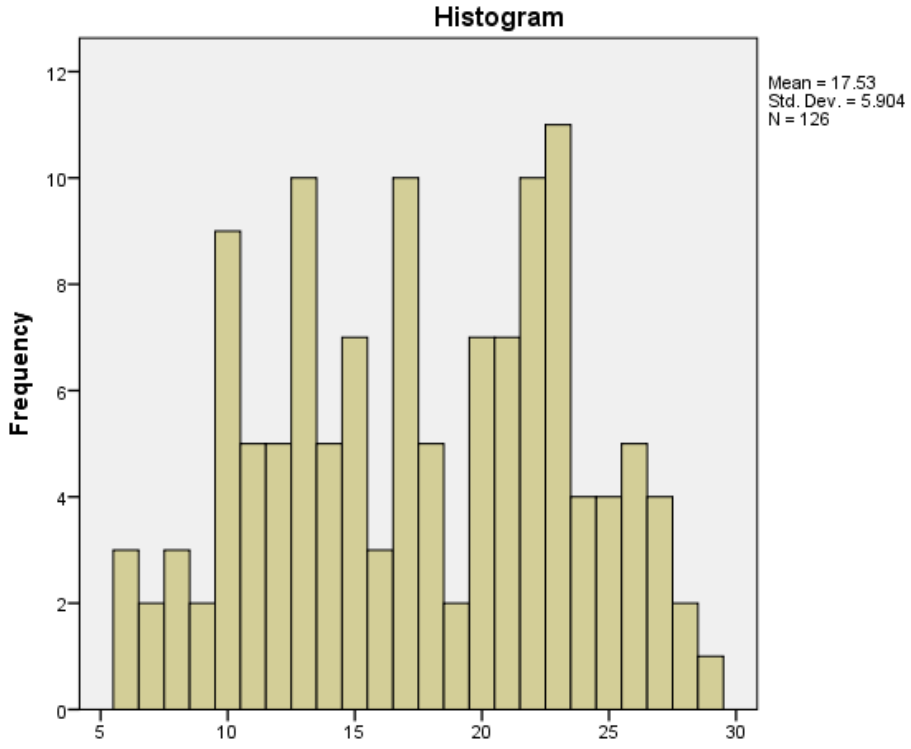
Graph 3: Histogram showing distribution of Brooding



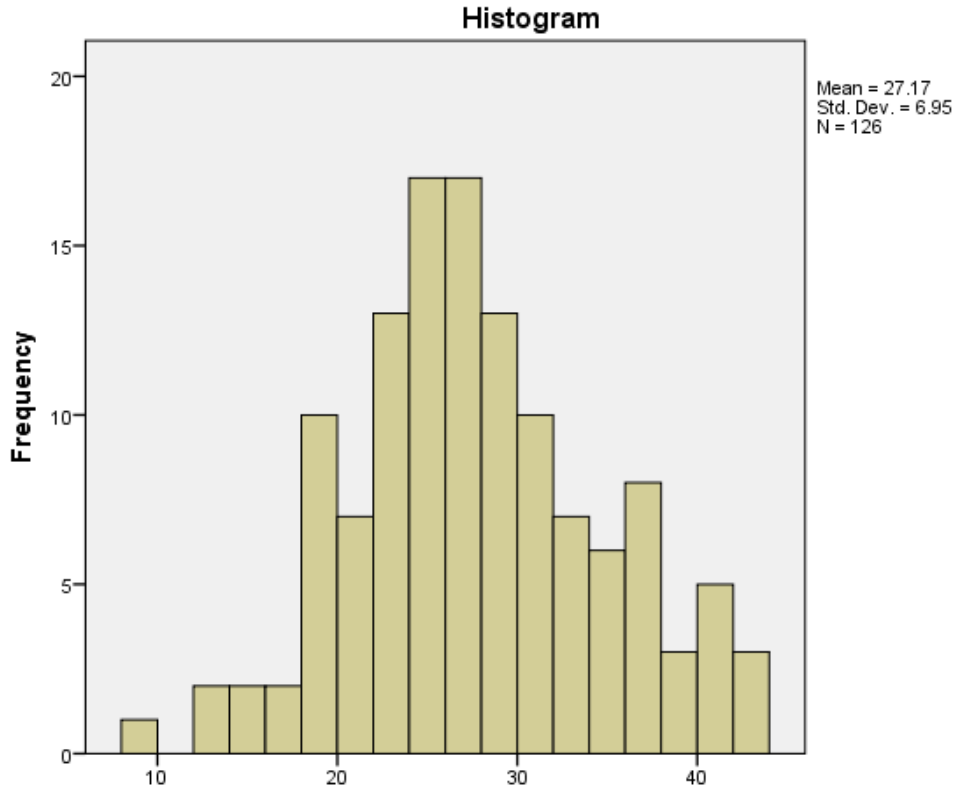
Graph 4: Histogram showing distribution of Interference



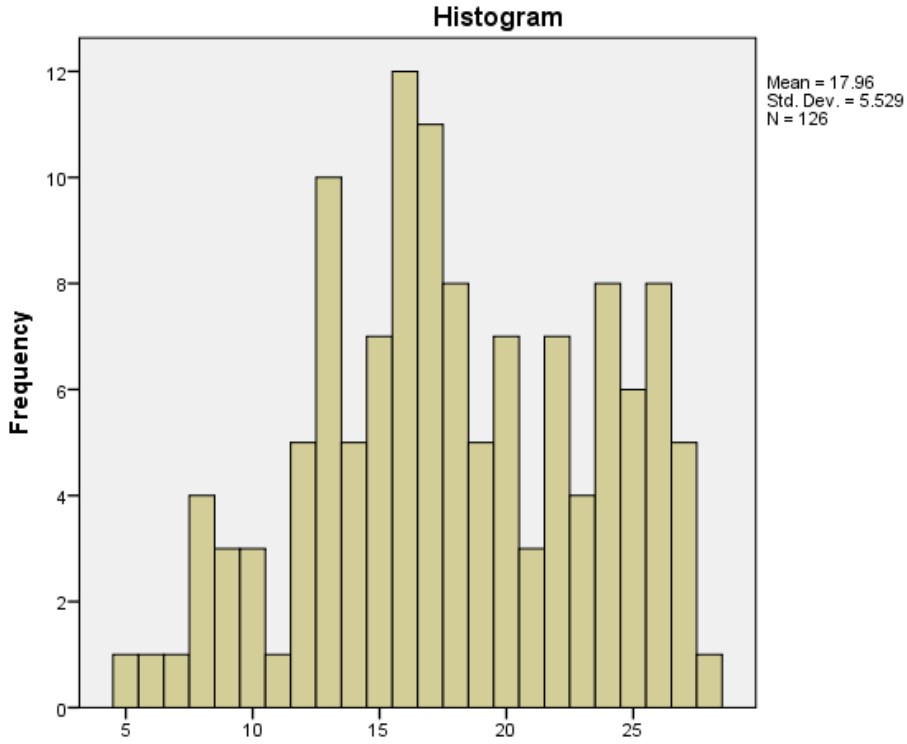
Graph 5: Histogram showing distribution of Pessimistic Fixation



Graph 6: Histogram showing distribution of Reappraisal



Graph 7: Histogram showing distribution of Suppression



Graph 8: Histogram showing distribution of Fear of Intimacy

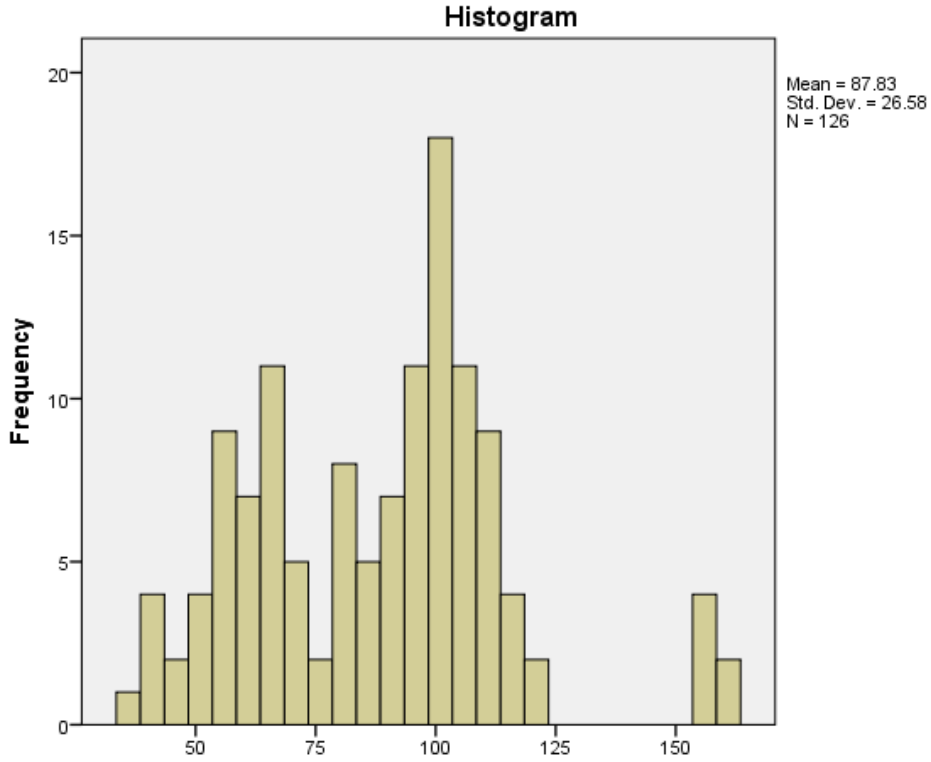


Table 2: Table showing N, Mean and SD of Females and Males

Variables	Female			Male		
	N	Mean	SD	N	Mean	SD
Repetitive Negative Thoughts	66	75.33	23.498	60	68.92	25.592
Worry	66	21.83	7.844	60	17.73	7.880
Brooding	66	16.29	5.354	60	16.07	6.457
Interference	66	18.77	7.477	60	18.58	7.391
Pessimistic Fixation	66	18.44	5.556	60	16.53	6.157
Reappraisal	66	26.56	6.866	60	27.85	7.037
Suppression	66	16.89	5.228	60	19.13	5.655
Fear of Intimacy	66	83.70	22.160	60	92.38	30.259

Interpretation:

Table 2 presents the mean scores and standard deviations for all study variables, disaggregated by gender. The sample consisted of 66 females and 60 males. Mean and standard deviation (SD) values for each variable are reported to reflect gender-based differences in psychological constructs.

Repetitive Negative Thoughts were reported slightly more by females (M = 75.33, SD = 23.498) than males (M = 68.92, SD = 25.592), suggesting a higher tendency for repetitive cognition in the female group.

Worry was also more prominent among females (M = 21.83, SD = 7.844) compared to males (M = 17.73, SD = 7.880), indicating relatively higher anxious rumination in females.

For Brooding, the mean scores were close across genders, with females scoring slightly higher (M = 16.29, SD = 5.354) than males (M = 16.07, SD = 6.457). Similarly, Interference scores were comparable between females (M = 18.77, SD = 7.477) and males (M = 18.58, SD = 7.391), reflecting consistent cognitive disruption across both groups.

In the case of Pessimistic Fixation, females had a mean of 18.44 (SD = 5.556), while males reported a lower mean of 16.53 (SD = 6.157), showing a greater tendency for negative fixation among females.

Moreover, for Reappraisal, males scored higher (M = 27.85, SD = 7.037) than females (M = 26.56, SD = 6.866), indicating a slightly greater use of cognitive reappraisal strategies among males.

In contrast, males scored higher in Suppression (M = 19.13, SD = 5.655) than females (M = 16.89, SD = 5.228), suggesting that males may be more likely to engage in emotion suppression.

Lastly, for Fear of Intimacy, males again reported a higher mean score (M = 92.38, SD = 30.259) compared to females (M = 83.70, SD = 22.160), indicating that men in this sample were more likely to experience discomfort with emotional closeness.

These descriptive differences provide an initial overview of gender-related patterns across key psychological constructs, with further statistical tests (e.g., independent samples t-test) needed to determine the significance of these observed differences.

Table 3: Table showing values of Skewness and Kurtosis

Variables	Skewness	Kurtosis
Repetitive Negative Thoughts	. 043	-.863
Worry	.121	-.976
Brooding	.147	-.768
Interference	.144	-.871
Pessimistic Fixation	-.081	-1.037
Reappraisal	.129	-.215
Suppression	-.106	-.758
Fear of Intimacy	.432	.477

Interpretation:

To evaluate the distributional characteristics of the study variables, skewness and kurtosis values were examined. As presented in Table 3, skewness values ranged from -0.106 to 0.432, and kurtosis values ranged from -1.037 to 0.477.

All variables fell within the generally accepted range of ±1, indicating that the distributions were approximately normal. An exception was noted for Pessimistic Fixation, which showed a kurtosis value of -1.037, slightly exceeding the lower bound. This suggests a marginally

platykurtic distribution; however, the deviation is minor and unlikely to meaningfully impact parametric analyses.

Overall, the skewness and kurtosis statistics support the assumption of normality across the dataset, justifying the use of parametric tests such as the independent samples t-test in subsequent analyses.

Table 4: Table showing Tests of Normality (Kolmogorov-Smirnov and Shapiro-Wilk)

Variables	**Kolmogorov-Smirnov**	**Shapiro-Wilk**
	Sig.	**Sig.**
Repetitive Negative Thoughts	.200	.057
Worry	.001	.002
Brooding	.052	.040
Interference	.046	.016
Pessimistic Fixation	.002	.003
Reappraisal	.091	.200
Suppression	.026	.010
Fear of Intimacy	.012	.000

Interpretation:

To assess the distribution of the study variables, both the Kolmogorov-Smirnov (K-S) and Shapiro-Wilk (S-W) tests were conducted. As shown in Table 4, the K-S test indicated that Repetitive Negative Thoughts ($p = .200$), Brooding ($p = .052$), and Reappraisal ($p = .091$) did not significantly deviate from normality, suggesting these variables were approximately normally distributed.

The Shapiro-Wilk test further supported normality for Repetitive Negative Thoughts ($p = .057$) and Reappraisal ($p = .200$). However, all remaining variables—including Worry, Interference, Pessimistic Fixation, Suppression, and Fear of Intimacy—showed significant p-values ($p < .05$) in one or both tests, indicating departures from normal distribution.

These results reflect variability in normality across the dataset, as some variables met the assumption while others did not.

Rationale for the Use of Parametric Statistics

Although parametric statistical techniques traditionally assume normal distribution of data, they are widely acknowledged to be robust against moderate violations of this assumption—particularly when used with adequate sample sizes and continuous data (Field, 2013). In the

present study, a comprehensive normality assessment was conducted using both statistical tests and distribution shape analyses.

The Kolmogorov–Smirnov test revealed that only three variables were normally distributed, while the Shapiro–Wilk test indicated normality for just two variables. However, these tests are known to be overly sensitive, especially in moderate to large samples, often flagging minor deviations as statistically significant (Ghasemi & Zahediasl, 2012). To supplement these findings, skewness and kurtosis values were also examined. All variables fell within the acceptable skewness range of ±1. Additionally, all kurtosis values were within ±1, except for one variable which showed a slight deviation—still within acceptable interpretative limits. Thus, the distribution of the variables was considered approximately normal.

Furthermore, visual inspection of histograms showed that the majority of the variables approximated a bell-shaped curve, further supporting the assumption of normality in the dataset.

The study sample (N = 126) further supports this decision. According to the Central Limit Theorem, when the sample size exceeds 30, the sampling distribution of the mean tends to be normally distributed, even if the population distribution is not (Field, 2013). Therefore, with a sample size over four times this minimum threshold, the data can be treated as meeting the normality assumption for inferential purposes.

Lastly, although the sample was obtained through convenience sampling, it consisted of a general, non-clinical population of young adults aged 18–26 who had experienced at least one romantic breakup. this group was selected based on a specific experience, and can therefore be treated as a general psychological population for statistical purposes.

Given the convergence of evidence from statistical tests, distribution characteristics, sample size, and theoretical considerations, the use of parametric statistics—including Pearson's correlation, independent samples t-tests, and linear regression—was justified in this study.

Table 5: Table showing Correlation of variables with Fear of Intimacy

		Repetitive Negative Thoughts	Worry	Brooding	Interference	Pessimistic Fixation	Reappraisal	Suppression
Fear of Intimacy	**Pearson Correlation**	.382**	.296**	.374**	.417**	.293	.309**	.009
	Sig. (2-tailed)	.000	.001	.000	.000	.001	.000	.918
	N	126	126	126	126	126	126	126

**. Correlation is significant at the 0.01 level (2-tailed).

Interpretation:

A Pearson correlation analysis was conducted to examine the relationships between fear of intimacy and key psychological variables. The results revealed significant positive correlations between fear of intimacy and several cognitive and emotional factors. Notably, Interference showed the strongest association with fear of intimacy ($r = .417$, $p < .001$), indicating that individuals who experience more cognitive interference also tend to report higher levels of fear in close relationships.

Significant positive correlations were also found for Repetitive Negative Thoughts ($r = .382$, $p < .001$), Brooding ($r = .374$, $p < .001$), and Reappraisal ($r = .309$, $p < .001$), suggesting that higher levels of these tendencies are associated with increased fear of intimacy. Additionally, Worry ($r = .296$, $p = .001$) and Pessimistic Fixation ($r = .293$, $p = .001$) were both significantly related to fear of intimacy, though to a slightly lesser extent.

In contrast, Suppression was not significantly correlated with fear of intimacy ($r = .009$, $p = .918$), indicating no meaningful relationship between the two variables in this sample.

These findings suggest that individuals who engage more in ruminative thinking, worry, and cognitive interference may be more prone to experiencing difficulties with emotional closeness, whereas suppression as an emotion regulation strategy appears unrelated to intimacy fears.

Table 6: Table showing T-test of variables

Variables	Mean		t-value	df	Sig. (2-tailed)	Mean Difference
	Female	Male				
Repetitive Negative Thoughts	75.33	68.92	1.467	124	0.145	6.417
Worry	21.83	17.73	2.924	124	0.004	4.100
Brooding	16.29	16.07	.208	115.023	0.835	0.221
Interference	18.77	18.58	.143	124	0.887	0.189
Pessimistic Fixation	18.44	16.53	1.827	124	0.070	1.906
Suppression	26.56	27.85	-1.040	124	0.300	-1.289
Reappraisal	16.89	19.13	-2.310	124	0.023	-2.239
Fear of Intimacy	83.70	92.38	-1.850	124	0.067	-8.686

Interpretation:

An independent samples t-test was conducted to examine gender differences across key psychological variables. The results revealed a statistically significant difference in Worry, with females (M = 21.83) scoring higher than males (M = 17.73), $t(124) = 2.924$, $p = 0.004$, indicating that females reported significantly greater levels of worry.

Similarly, Reappraisal showed a significant gender difference, where males (M = 19.13) scored higher than females (M = 16.89), $t(124) = -2.310$, $p = 0.023$. This suggests that males were more likely to engage in cognitive reappraisal as an emotion regulation strategy.

For all other variables—including Repetitive Negative Thoughts, Brooding, Interference, Pessimistic Fixation, Suppression, and Fear of Intimacy—no statistically significant gender differences were observed ($p > 0.05$), although mean scores suggested that females reported slightly higher tendencies toward pessimism and repetitive thoughts, while males showed a trend toward higher fear of intimacy and greater use of suppression.

To ensure the validity of the t-test results, Levene's Test for Equality of Variances was conducted for each variable. In all but one case (Brooding), the test indicated non-significant results ($p > 0.05$), suggesting that the assumption of equal variances could be made. For Brooding, where Levene's Test was significant ($p < 0.05$), the t-test output under the "equal

variances not assumed" condition was used. This adjustment ensures accurate estimation of significance values and strengthens the robustness of the statistical conclusions drawn from the data.

Table 7: Table showing Linear Regression

Predictors	R	R^2	R Square Change	Adjusted R^2	Beta Coefficient	% of variance explained by predictor based on beta value
Interference	0.417	0.174	0.174	0.167	0.417	17.4%
Interference, Suppression	0.467	0.218	0.045	0.206	0.362 0.218	36.2% 21.8%

Interpretation:

Using multiple linear regression, Interference alone significantly predicted Fear of Intimacy, explaining 17.4% of the variance in the dependent variable ($R^2 = .174$, $p < .001$). The standardized beta coefficient ($\beta = .417$) suggests that higher levels of cognitive interference predict increased fear of intimacy.

Suppression was added as a second predictor, and the model explained an additional 4.5% of variance, bringing the total explained variance to 21.8% ($R^2 = .218$, $p < .001$). Both Interference ($\beta = .362$, $p < .001$) and Suppression ($\beta = .218$, $p = .009$) were significant predictors, indicating that both variables independently contribute to higher levels of fear of intimacy.

5. Hypothesis Testing

The present study examined multiple hypotheses to explore the relationships, predictive value, and gender differences associated with Repetitive Negative Thoughts, including Worry, Brooding, Interference, Pessimistic Fixation, Emotional Regulation including Suppression, Reappraisal, and Fear of Intimacy among young adults who had experienced at least one romantic breakup. Hypotheses were tested using Pearson correlation, independent samples t-test, and multiple linear regression analysis.

1. Hypotheses on Relationships Between Variables

This subsection investigated the bivariate associations between the cognitive-emotional variables and Fear of Intimacy using Pearson correlation coefficients.

Repetitive Negative Thoughts and Fear of Intimacy

H_0: There is no significant relationship between Repetitive Negative Thoughts and Fear of Intimacy.

H_1: There is a significant relationship between Repetitive Negative Thoughts and Fear of Intimacy.

Result: $r = .382$, $p < .001$

Conclusion: The null hypothesis is rejected. The alternative hypothesis is accepted.

Worry and Fear of Intimacy

H_0: There is no significant relationship between Worry and Fear of Intimacy.

H_1: There is a significant relationship between Worry and Fear of Intimacy.

Result: $r = .296$, $p = .001$

Conclusion: The null hypothesis is rejected. The alternative hypothesis is accepted.

Brooding and Fear of Intimacy

H_0: There is no significant relationship between Brooding and Fear of Intimacy.

H_1: There is a significant relationship between Brooding and Fear of Intimacy.

Result: $r = .374$, $p < .001$

Conclusion: The null hypothesis is rejected. The alternative hypothesis is accepted.

Interference and Fear of Intimacy

H_0: There is no significant relationship between Interference and Fear of Intimacy.

H_1: There is a significant relationship between Interference and Fear of Intimacy.

Result: $r = .417$, $p < .001$

Conclusion: The null hypothesis is rejected. The alternative hypothesis is accepted.

Pessimistic Fixation and Fear of Intimacy

H_0: There is no significant relationship between Pessimistic Fixation and Fear of Intimacy.

H_1: There is a significant relationship between Pessimistic Fixation and Fear of Intimacy.

Result: $r = .293$, $p = .001$

Conclusion: The null hypothesis is rejected. The alternative hypothesis is accepted.

Suppression and Fear of Intimacy

H_0: There is no significant relationship between Suppression and Fear of Intimacy.

H_1: There is a significant relationship between Suppression and Fear of Intimacy.

Result: $r = .009$, $p = .918$

Conclusion: The null hypothesis is accepted. The alternative hypothesis is rejected.

Reappraisal and Fear of Intimacy

H_0: There is no significant relationship between Reappraisal and Fear of Intimacy.

H_1: There is a significant relationship between Reappraisal and Fear of Intimacy.

Result: $r = .309$, $p < .001$

Conclusion: The null hypothesis is rejected. The alternative hypothesis is accepted.

2. Hypotheses on Predictive Value for Fear of Intimacy

To determine which cognitive-emotional variables uniquely predict Fear of Intimacy, a hierarchical multiple linear regression was conducted. Interference was entered in Step 1, and Suppression was added in Step 2, as it showed a significant individual contribution in the first round of analysis.

Repetitive Negative Thoughts

H_0: Repetitive Negative Thoughts do not significantly predict Fear of Intimacy.

H_1: Repetitive Negative Thoughts significantly predict Fear of Intimacy.

Result: $p = .868$ (not significant); low tolerance (.184) indicating high multicollinearity

Conclusion: The null hypothesis is accepted. The alternative hypothesis is rejected.

Worry

H_0: Worry does not significantly predict Fear of Intimacy.

H_1: Worry significantly predicts Fear of Intimacy.

Result: $p = .428$ (Model 1), $p = .223$ (Model 2); not significant

Conclusion: The null hypothesis is accepted. The alternative hypothesis is rejected.

Brooding

H_0: Brooding does not significantly predict Fear of Intimacy.

H_1: Brooding significantly predicts Fear of Intimacy.

Result: $p = .178$ (Model 1), $p = .371$ (Model 2); not significant

Conclusion: The null hypothesis is accepted. The alternative hypothesis is rejected.

Interference

H_0: Interference does not significantly predict Fear of Intimacy.

H_1: Interference significantly predicts Fear of Intimacy.

Result: $p < .001$; Model 1: $R^2 = .174$, Model 2: $R^2 = .218$

Conclusion: The null hypothesis is rejected. The alternative hypothesis is accepted.

Pessimistic Fixation

H_0: Pessimistic Fixation does not significantly predict Fear of Intimacy.

H_1: Pessimistic Fixation significantly predicts Fear of Intimacy.

Result: $p = .997$; partial correlation = .000

Conclusion: The null hypothesis is accepted. The alternative hypothesis is rejected.

Suppression

H_0: Suppression does not significantly predict Fear of Intimacy.

H_1: Suppression significantly predicts Fear of Intimacy.

Result: $p = .009$ in Model 2; $B = 1.050$; $\beta = .218$

Conclusion: The null hypothesis is rejected. The alternative hypothesis is accepted.

Reappraisal

H_0: Reappraisal does not significantly predict Fear of Intimacy.

H_1: Reappraisal significantly predicts Fear of Intimacy.

Result: $p = .450$ (Model 1), $p = .677$ (Model 2); not significant

Conclusion: The null hypothesis is accepted. The alternative hypothesis is rejected.

3. Hypotheses on Gender Differences

This subsection explored whether males and females differ in levels of the study variables using independent samples t-tests.

Repetitive Negative Thoughts

H_0: There is no significant gender difference in Repetitive Negative Thoughts.

H_1: There is a significant gender difference in Repetitive Negative Thoughts.

Result: $t(124) = 1.486$, $p = .140$

Conclusion: The null hypothesis is accepted. The alternative hypothesis is rejected.

Worry

H_0: There is no significant gender difference in Worry.

H_1: There is a significant gender difference in Worry.

Result: $t(124) = 2.924$, $p = .004$

Conclusion: The null hypothesis is rejected. The alternative hypothesis is accepted.

Brooding

H_0: There is no significant gender difference in Brooding.

H_1: There is a significant gender difference in Brooding.

Result: $t(124) = 0.208$, $p = .836$

Conclusion: The null hypothesis is accepted. The alternative hypothesis is rejected.

Interference

H_0: There is no significant gender difference in Interference.

H_1: There is a significant gender difference in Interference.

Result: $t(124) = 0.142$, $p = .887$

Conclusion: The null hypothesis is accepted. The alternative hypothesis is rejected.

Pessimistic Fixation

H_0: There is no significant gender difference in Pessimistic Fixation.

H_1: There is a significant gender difference in Pessimistic Fixation.

Result: $t(124) = 1.814$, $p = .072$

Conclusion: The null hypothesis is accepted. The alternative hypothesis is rejected.

Suppression

H_0: There is no significant gender difference in Suppression.

H_1: There is a significant gender difference in Suppression.

Result: $t(124) = -2.393$, $p = .018$

Conclusion: The null hypothesis is rejected. The alternative hypothesis is accepted.

Reappraisal

H_0: There is no significant gender difference in Reappraisal.

H_1: There is a significant gender difference in Reappraisal.

Result: $t(124) = -2.310$, $p = .023$

Conclusion: The null hypothesis is rejected. The alternative hypothesis is accepted.

Fear of Intimacy

H_0: There is no significant gender difference in Fear of Intimacy.

H_1: There is a significant gender difference in Fear of Intimacy.

Result: $t(124) = -1.853$, $p = .066$

Conclusion: The null hypothesis is accepted. The alternative hypothesis is rejected.

The hypothesis testing revealed that several cognitive-emotional variables — including Repetitive Negative Thoughts, Worry, Brooding, Interference, and Reappraisal — were significantly correlated with Fear of Intimacy. However, in the regression analysis, only Interference and Suppression emerged as significant predictors, suggesting their unique explanatory power beyond mere association. Additionally, gender differences were observed in Worry, Suppression, and Reappraisal, highlighting nuanced emotional-cognitive responses across genders following romantic breakups.

6. Discussion

The present study aimed to explore the relationship between Repetitive Negative Thoughts (RNT), Emotion Regulation (ER) strategies, and Fear of Intimacy (FoI) among young adults in India who had experienced at least one romantic breakup. The study also investigated the predictive power of cognitive-emotional variables on Fear of Intimacy and examined gender differences in key psychological constructs. Through the use of Pearson's correlation, independent samples t-tests, and multiple linear regression analyses, the study yielded several significant findings that contribute to the growing body of research on emotional processing and intimacy issues in romantic relationships.

A key finding of the current research is the significant positive relationship between Repetitive Negative Thoughts and Fear of Intimacy ($r = .382$, $p < .001$), which supports the hypothesis that individuals who engage more frequently in ruminative and intrusive thought patterns are more likely to report discomfort with emotional closeness. This aligns with previous research by (Segerstrom et al., 2000), who suggested that persistent negative thought cycles contribute to impaired emotional functioning and heightened interpersonal avoidance. Similarly, Brooding ($r = .374$, $p < .001$), a subcomponent of Repetitive Negative Thoughts characterized by passive dwelling on distress, was found to be positively associated with Fear of Intimacy, reinforcing the idea that maladaptive self-reflection interferes with intimacy development (Nolen-Hoeksema et al., 2008).

Interference, defined as the extent to which negative thoughts disrupt daily cognitive functioning, demonstrated the strongest positive correlation with Fear of Intimacy ($r = .417$, $p < .001$). This finding underscores the disruptive nature of persistent cognitive load on one's ability to engage in vulnerable emotional exchanges, a theme echoed in the work of (E. R. Watkins, 2008), who emphasized the detrimental effect of mental interference on emotional regulation and intimacy formation. Additionally, Pessimistic Fixation ($r = .293$, $p = .001$) was also significantly related to Fear of Intimacy, indicating that a tendency to hold onto negative outlooks contributes to relational avoidance, corroborating theories proposed by (Beck, 1987) on cognitive schemas influencing attachment-related fears.

Moreover, Reappraisal—a generally adaptive emotion regulation strategy—also showed a positive correlation with Fear of Intimacy ($r = .309$, $p < .001$), which appears counterintuitive given that reappraisal is typically linked with positive emotional outcomes (Gross & John, 2003). One possible explanation may be that individuals with higher fear of intimacy use cognitive reappraisal as a compensatory strategy to regulate internal distress without fully

engaging in interpersonal vulnerability. This nuanced role of reappraisal suggests that while cognitive reframing helps reduce immediate emotional discomfort, it may not necessarily facilitate deeper relational openness in those already predisposed to intimacy fears.

Worry was another Repetitive Negative Thoughts subdomain that showed a significant positive correlation with Fear of Intimacy ($r = .296$, $p = .001$), highlighting the role of anticipatory anxiety in undermining relational closeness. The link between generalized anxiety tendencies and fear of intimacy has been discussed in past literature, including studies by (Descutner & Thelen, 1991), which identified interpersonal anxiety as a core feature of Fear of Intimacy. However, suppression ($r = .009$, $p = .918$) did not significantly correlate with Fear of Intimacy, suggesting that while suppression may impact other areas of emotional functioning, it does not directly influence intimacy fears in this sample—a finding that partially contradicts past research linking suppression with relationship dissatisfaction and emotional disengagement (Gross & John, 2003).

The results from the independent samples t-test revealed significant gender differences for two variables. Females reported significantly higher levels of Worry ($M = 21.83$) compared to males ($M = 17.73$), $t(124) = 2.924$, $p = .004$. This finding is consistent with gender-based emotional processing research that suggests women are more likely to engage in internalizing behaviors such as rumination and anxiety (Tamres et al., 2002). Conversely, males scored significantly higher on Reappraisal ($M = 19.13$) than females ($M = 16.89$), $t(124) = -2.310$, $p = .023$, indicating a greater tendency among males to use cognitive restructuring as an emotion regulation strategy. These gender-based differences reflect distinct emotional coping styles across genders, in line with previous observations by (Gross & John, 2003). No other significant gender differences were observed across the remaining variables including Brooding, Interference, Pessimistic Fixation, Suppression, and Fear of Intimacy, although trends suggested that females showed slightly higher tendencies for Repetitive Negative Thoughts while males scored higher on suppression and fear of intimacy.

Using multiple linear regression, Interference alone significantly predicted Fear of Intimacy, explaining 17.4 percent of the variance in the dependent variable ($R^2 = 0.174$, $p < 0.001$). The standardized beta coefficient ($\beta = 0.417$) indicates a moderate positive relationship, suggesting that as cognitive interference—defined as the extent to which repetitive negative thoughts disrupt focus and mental engagement—increases, so does the fear of forming emotionally intimate connections. This finding is consistent with previous literature, particularly the work

of (E. R. Watkins, 2008), which emphasizes the detrimental impact of cognitive interference on emotional clarity and interpersonal functioning. It highlights interference not only as a cognitive symptom but as a functional inhibitor of vulnerability, which is central to developing intimacy.

Suppression was subsequently added as a second predictor, and the model accounted for an additional 4.5 percent of variance, increasing the total explained variance to 21.8 percent ($R^2 = 0.218$, $p < 0.001$). Both Interference ($\beta = 0.362$, $p < 0.001$) and Suppression ($\beta = 0.218$, $p = 0.009$) were found to be statistically significant predictors, indicating that both variables independently contribute to elevated levels of fear of intimacy. Suppression, which refers to the conscious inhibition of emotional expression as an emotion regulation strategy, has been associated with adverse relational outcomes, such as reduced emotional transparency and diminished relationship satisfaction (Gross & John, 2003). The present results support this association, suggesting that individuals who frequently rely on suppression may struggle to establish emotionally authentic relationships due to patterns of emotional disengagement and avoidance of vulnerability.

The combination of these two predictors—Interference and Suppression—paints a nuanced picture of how both cognitive and behavioral mechanisms jointly contribute to intimacy-related distress. While Interference represents a passive cognitive burden that undermines presence and attunement in relationships, Suppression may serve as an active strategy to avoid emotional exposure. These findings provide empirical support for the transdiagnostic model of repetitive negative thinking proposed by (Ehring & Watkins, 2008), which posits that persistent maladaptive cognitive processes such as rumination and worry can generalize across emotional disorders and interfere with social functioning. Moreover, the role of Suppression echoes the conclusions of (English et al., 2017), who found that individuals who habitually suppress their emotions report feeling less authentic and experience weaker connections with others over time.

Taken together, the regression findings from this study offer robust evidence that both intrusive thought patterns and emotion regulation strategies play a significant role in shaping fear of intimacy. Importantly, the strength of Interference as a predictor suggests that interventions focused on reducing cognitive disruptions—such as mindfulness-based practices, cognitive restructuring, or attentional training—may be especially beneficial in addressing intimacy-related concerns in therapeutic settings. Similarly, helping individuals recognize and reduce the

reliance on suppression as an emotional coping strategy may promote healthier emotional expression and relational intimacy.

Despite these strengths, the study has certain limitations that must be acknowledged. First, the cross-sectional design restricts the ability to draw causal inferences. Future studies should adopt longitudinal approaches to examine how these variables evolve over time in relation to intimacy development. Second, the sample was restricted to young adults residing in Kolkata who had experienced romantic breakups, limiting generalizability to other age groups or geographic regions. Additionally, self-report measures are subject to social desirability and recall bias, potentially influencing the accuracy of responses. Although validated scales were used, future studies may benefit from incorporating qualitative methods or behavioral assessments to triangulate data.

Another limitation pertains to the cultural specificity of emotion regulation and intimacy constructs. Indian collectivistic norms may shape how individuals experience and report emotional closeness, especially among males who may be socially conditioned to suppress emotions. Further research should explore the influence of cultural variables such as family expectations, gender roles, and stigma on intimacy fears and emotional regulation patterns.

In conclusion, the present study advances the understanding of how repetitive negative thoughts and emotion regulation strategies interact with fear of intimacy among Indian young adults. The findings affirm that Repetitive Negative Thoughts components such as brooding, interference, and pessimistic fixation, along with emotion regulation strategies like reappraisal and suppression, significantly relate to intimacy fears. Notably, interference emerged as the most robust predictor of fear of intimacy. These results underscore the importance of targeting cognitive interference and maladaptive thought processes in clinical interventions aimed at improving relational functioning in young adults. Future research should expand on these findings through diverse methodological and cultural lenses to better inform preventive strategies and therapeutic practices for intimacy-related challenges.

7. Conclusion

This study highlights a significant association between repetitive negative thinking, emotion regulation strategies, and fear of intimacy among young Indian adults with past romantic breakups. Interference—defined as cognitive disruption caused by persistent negative thoughts—emerged as the strongest predictor of fear of intimacy. Suppression also significantly predicted fear of intimacy, suggesting that emotional inhibition may hinder the development of close relationships. Gender differences were observed, with males showing greater use of suppression and females reporting higher worry levels. These findings underscore the importance of addressing maladaptive cognitive-emotional patterns through culturally informed interventions aimed at enhancing relational functioning in young adults.

8. Implications

The findings of this study have far-reaching implications in the domains of theory, clinical practice, culture, and future research.

1. Theoretical Implications

- This study contributes to transdiagnostic psychological frameworks, especially those emphasizing the role of repetitive negative cognitive processes (such as rumination, worry, and pessimistic fixation) across various emotional and relational dysfunctions.
- It supports existing models that propose emotion regulation as a mediating variable in the relationship between maladaptive cognition and relational outcomes.
- The identification of interference as the most significant predictor of fear of intimacy enhances our understanding of cognitive mechanisms that undermine relationship formation and maintenance.

2. Clinical and Counseling Implications

- Mental health practitioners working with young adults—particularly those recovering from romantic breakups—should assess for intrusive repetitive thinking and emotional suppression as part of routine clinical evaluation.
- Interventions such as Cognitive Behavioral Therapy, Mindfulness-Based Cognitive Therapy, and Acceptance and Commitment Therapy may be effective in addressing the cognitive and emotional rigidity associated with these constructs.
- Emotion-focused strategies that enhance cognitive reappraisal and reduce reliance on suppression could facilitate healthier emotional expression and reduce relational anxieties.
- Given the gender differences observed in this study, gender-responsive therapeutic strategies may be necessary. For example, encouraging emotional expressiveness among men and addressing internalized worry among women could be beneficial.

3. Cultural Implications

- The findings demonstrate the critical need to design culturally sensitive psychological interventions that consider the unique social norms and emotional expectations in Indian collectivist society.

- Cultural attitudes that stigmatize emotional vulnerability and promote suppression must be addressed through psychoeducation, community outreach, and policy-level initiatives that normalize emotional dialogue and mental health care.
- Therapists and counselors working in the Indian context must adapt Western therapeutic models to align with Indian familial, relational, and emotional values.

4. Educational and Preventive Implications

- The integration of emotional regulation training in academic settings, especially universities and colleges, can empower young adults with coping mechanisms that prevent the development of long-term intimacy issues.
- Curriculum development in higher education can incorporate mental health literacy, focusing on managing repetitive negative thinking and fostering emotional intelligence.

5. Implications for Future Research

- There is a strong need for longitudinal studies to examine how repetitive negative thoughts and emotion regulation strategies evolve over time and how they impact the development of intimacy across different relationship stages.
- Future research should include mixed-method designs to capture both statistical trends and in-depth personal narratives that reflect the complexity of emotional experiences.
- Comparative studies between clinical and non-clinical populations, as well as between urban and rural Indian youth, can shed light on differential patterns in emotional processing and relational dynamics.
- Research must also explore the intersectionality of gender, culture, and socioeconomic status, especially in understanding how societal norms influence young adults' emotional development and relational behaviors.

9. Limitations

This study, while significant in its contributions, is subject to several limitations that must be considered when interpreting its findings:

1. Geographical and Demographic Restriction: The sample was restricted to young adults from Kolkata, India, which may not reflect the experiences of youth in other parts of India or globally. Cultural, socioeconomic, and regional differences may influence cognitive and emotional patterns. Thus, the findings cannot be broadly generalized beyond this specific demographic.

2. Self-Report Methodology: The use of self-report questionnaires is inherently susceptible to response biases, including social desirability bias and self-perception inaccuracies. Participants may have underreported or overreported certain behaviors or attitudes due to stigma surrounding emotional expression and intimacy in Indian society.

3. Convenience Sampling: Participants were selected using a non-random, convenience sampling method, which may have introduced selection bias. Individuals who volunteered to participate may differ in meaningful ways from those who did not, thereby affecting the external validity of the study.

4. Lack of Qualitative Data: The study focused exclusively on quantitative data and did not incorporate qualitative methods such as interviews or open-ended questionnaires. This limits the depth of understanding regarding participants' emotional and cognitive experiences, especially in the culturally nuanced domain of romantic relationships and emotional closeness.

5. Cultural Specificity and Interpretation of Constructs: Constructs such as "emotion regulation" and "intimacy" may have different meanings and manifestations across cultures. In Indian society, for instance, emotional suppression may be culturally endorsed rather than inherently maladaptive, particularly among males. This necessitates cautious interpretation of these findings within the Indian sociocultural context.

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11. Appendix

Informed Consent Form

I am **Shubholakshmi Sarcar**, a final-year master's student in **Applied Psychology, Sister Nivedita University**. As part of my academic curriculum, I am conducting a research that **aims to explore psychological factors associated with relationship health** under the guidance of Assistant Professor Ankita Biswas, Department of Psychology, Sister Nivedita University, Kolkata.

- Please note that your participation is **voluntary**, and you are free to withdraw at any point.
- The participation will take only **20 minutes.**
- All responses will be kept strictly **confidential** and used **solely for academic and research purposes**.
- This study does not pose any mental or physical risk.

Your contribution is highly appreciated.

I hereby provide my consent to participate in this research study.

Name of Participant: **Name of Researcher:**

Date: **Signature of Researcher:**

Place:

Signature of Participant:

Preliminaries

Name (initials only):

Age:

Sex:

Gender:

Phone Number:

Email ID:

Relationship Status: ***(please tick the relevant option)***

- Single
- In a relationship
- Married

Area of residence: ***(please tick the relevant option)***

- Rural
- Urban
- Sub-Urban

Educational Qualification:

- High school
- Graduation
- Post - Graduation

Occupation:

Family Type: ***(please tick the relevant option)***

- Nuclear
- Joint
- Extended

Family Income (Per annum): ***(please tick the relevant option)***

- Less than ₹2,50,000
- ₹2,50,000 - ₹5,00,000

- ₹5,00,000 - ₹10,00,000
- ₹10,00,000 - ₹20,00,000
- More than ₹20,00,000

Have you ever been diagnosed with a psychiatric illness? If yes, please specify.

Have you ever been diagnosed with a medical illness? If yes, please specify.

Has anyone in your family been diagnosed with a psychiatric illness? If yes, please specify.

Has anyone in your family been diagnosed with a medical illness? If yes, please specify.

Questionnaire 1

Instructions: Rate the following statements based on how typical these thoughts or behaviors are for you on the scale mentioned below. **(*Please tick the relevant option)***

	Statements	Not at all typical of me	A little typical of me	Somewhat typical of me	Mostly typical of me	Highly typical of me	Extremely typical of me
1	I can't stop thinking about how badly things seem to go for me						
2	I know I shouldn't worry about things, but I just can't help it						
3	I often think about all the goals I have not yet achieved						
4	My thoughts make it difficult to focus						
5	I'm often stuck in my head, unable to function						
6	I often consider all the ways a situation could go wrong						
7	Unpleasant memories often pop into my head						
8	Thinking about my problems prevents me from doing other things						
9	Most situations make me worry						
10	I worry about my problems even when it gets me nowhere						
11	When I am under pressure, I worry a lot						

Statements		Not at all typical of me	A little typical of me	Somewhat typical of me	Mostly typical of me	Highly typical of me	Extremely typical of me
12	I find myself replaying events over and over in my mind						
13	I find it difficult to concentrate on a task because I am worrying about other things						
14	I worry about repeating past mistakes						
15	I often ask myself, "Why do I always react this way?"						
16	I try to figure out the reasons why things go badly for me						
17	I often replay unpleasant memories in my head						
18	I feel like I have a lot of problems other people don't have						
19	When I am doing something, I am easily distracted by unrelated thoughts						
20	Worries pop into my head unexpectedly						
21	Once I start worrying, I can’t stop						
22	I often struggle to concentrate because I'm distracted by other thoughts						

Questionnaire 2

Instructions: Please read the following questions and for each item, please answer using the following scale. **(*Please tick the relevant option)***

	Statements	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree
1	When I want to feel more positive emotion (such as joy or amusement), I change what I'm thinking about.							
2	I keep my emotions to myself.							
3	When I want to feel less negative emotion (such as sadness or anger), I change what I'm thinking about.							
4	When I am feeling positive emotions, I am careful not to express them.							
5	When I'm faced with a stressful situation, I make myself think about it in a way that helps me stay calm.							
6	I control my emotions by not expressing them.							

Statements		Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree
7	When I want to feel more positive emotion, I change the way I'm thinking about the situation.							
8	I control my emotions by changing the way I think about the situation I'm in.							
9	When I am feeling negative emotions, I make sure not to express them.							
10	When I want to feel less negative emotion, I change the way I'm thinking about the situation.							

Questionnaire 3

Part A Instructions: Imagine you are in a close, dating relationship. Respond to the following statements as you would if you were in that close relationship.

Rate how characteristic each statement is of you on a scale of 1 to 5 as described below. **(*Please tick the relevant option)***

Note. In each statement "**O**" refers to the person who would be in the close relationship with you

	Statements	**not at all characteristic of me**	**slightly characteristic of me**	**moderately characteristic of me**	**very characteristic of me**	**extremely characteristic of me**
1	I would feel uncomfortable telling 0 about things in the past that I have felt ashamed of.					
2	I would feel uneasy talking with 0 about something that has hurt me deeply.					
3	I would feel comfortable expressing my true feelings to 0.					
4	If 0 were upset I would sometimes be afraid of showing that I care.					
5	I might be afraid to confide my innermost feelings to 0.					
6	I would feel at ease telling 0 that I care about him/her.					
7	I would have a feeling of complete togetherness with 0.					
8	I would be comfortable discussing significant problems with 0.					
9	A part of me would be afraid to make a long-term commitment to 0.					
10	I would feel comfortable telling my experiences, even sad ones, to 0.					
11	I would probably feel nervous showing 0 strong feelings of affection.					
12	I would find it difficult being open with 0 about my personal thoughts.					
13	I would feel uneasy with 0 depending on me for emotional support.					
14	I would not be afraid to share with 0 what I dislike about myself.					
15	I would be afraid to take the risk of being hurt in order to establish a closer relationship with 0.					

	Statements	not at all characteristic of me	slightly characteristic of me	moderately characteristic of me	very characteristic of me	extremely characteristic of me
16	I would feel comfortable keeping very personal information to myself.					
17	I would not be nervous about being spontaneous with 0.					
18	I would feel comfortable telling 0 things that I do not tell other people.					
19	I would feel comfortable trusting 0 with my deepest thoughts and feelings.					
20	I would sometimes feel uneasy if 0 told me about very personal matters.					
21	I would be comfortable revealing to 0 what I feel are my shortcomings and handicaps.					
22	I would be comfortable with having a close emotional tie between us.					
23	I would be afraid of sharing my private thoughts with 0.					
24	I would be afraid that I might not always feel close to 0.					
25	I would be comfortable telling 0 what my needs are.					
26	I would be afraid that 0 would be more invested in the relationship than I would be.					
27	I would feel comfortable about having open and honest communication with 0.					
28	I would sometimes feel uncomfortable listening to 0's personal problems.					
29	I would feel at ease to completely be myself around 0.					
30	I would feel relaxed being together and talking about our personal goals.					

Part B Instructions: Respond to the following statements as they apply to your past relationships.

Rate how characteristic each statement is of you on a scale of 1 to 5. **(*Please tick the relevant option)***

	Statements	not at all characteristic of me	slightly characteristic of me	moderately characteristic of me	very characteristic of me	extremely characteristic of me
31	I have shied away from opportunities to be close to someone.					
32	I have held back my feelings in previous relationships.					
33	There are people who think that I am afraid to get close to them.					
34	There are people who think that I am not an easy person to get to know.					
35	I have done things in previous relationships to keep me from developing closeness.					